



HOPKINS COUNTY FAMILY YMCA Kids Center  
 Application for Employment  
 (equal opportunity employer)



This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(PLEASE PRINT)

**Employment Application**

**Personal Data**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Last First Middle

Current Address: \_\_\_\_\_  
 Street City State Zip Code

Last Previous Address: \_\_\_\_\_  
 Street City State Zip Code

Preferred Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Are you 18 years of age, or over? \_\_\_\_\_ Are you authorized to work in the United States? \_\_\_\_\_

Other names used during prior employment \_\_\_\_\_

**General**

Circle position(s) applying for:  
 Preschool staff School Age Staff Receptionist Housekeeping Cook Other: \_\_\_\_\_

Date available \_\_\_\_\_ All positions are seasonal, consider: Summer Season School Season

Have you previously applied for employment for any YMCA? YES NO Worked for any YMCA? YES NO

If so, when? \_\_\_\_\_ Location \_\_\_\_\_

How were you referred to the YMCA? \_\_\_\_\_

Have you ever pleaded guilty to, or been convicted of, a criminal offense? YES NO

A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important consideration in determining your eligibility. Give all the facts so that a fair decision can be made.

If yes, give dates and circumstances \_\_\_\_\_

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position? YES NO If yes, give dates and circumstances \_\_\_\_\_

# Employment

List all positions you have held, beginning with your most recent.  
Include self-employment and volunteer work.

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Name of your direct supervisor \_\_\_\_\_ Your Title \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_

Any experience with children? YES NO If yes, please give description of children:

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ Sex: Male Female Both

Any experience supervising staff? YES NO If yes, please describe

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? YES NO

Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Name of your direct supervisor \_\_\_\_\_ Your Title \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_

Any experience with children? YES NO If yes, please give description of children:

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ Sex: Male Female Both

Any experience supervising staff? YES NO If yes, please describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? YES NO

Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_

Name of your direct supervisor \_\_\_\_\_ Your Title \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_

Any experience with children? YES NO If yes, please give description of children:

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ Sex: Male Female Both

Any experience supervising staff? YES NO If yes, please describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? YES NO

Next previous employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_

Name of your direct supervisor \_\_\_\_\_ Your Title \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_

Any experience with children? YES NO If yes, please give description of children:

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ Sex: Male Female Both

Any experience supervising staff? YES NO If yes, please describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? YES NO

## Complete if applying to work with children

Why do you want to work with and care for children?

---

---

---

With what age group or sex do you prefer to work? Why? \_\_\_\_\_

---

---

---

What is your philosophy about discipline? \_\_\_\_\_

---

---

---

What do you do when you are upset or angry about something? \_\_\_\_\_

---

---

---

Are you a pedophile or child abuser? YES NO

Have you ever been accused of being a pedophile or child abuser? YES NO If yes, please explain:

---

---

---

---

Other than through employment, how are you involved with children? \_\_\_\_\_

---

---

---

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

Greatest Strengths

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Most Difficult Problems

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Education

	Name, City, and State	Dates	Type of Course or Major	Graduated?	Degree Received
High School		From _____			
		To _____			
College		From _____			
		To _____			
College		From _____			
		To _____			
Trade Bus., Night or Corres.		From _____			
		To _____			
Other		From _____			
		To _____			

Are you presently in school? YES NO If yes, give expected completion date: \_\_\_\_\_

List courses you are taking: \_\_\_\_\_

If not a high school graduate, indicate highest grade completed \_\_\_\_\_

If not a high school graduate, have you earned a General Education Development (GED) or high school equivalency? YES NO

## Special Skills

Describe any volunteer work, other experience, interest, training, or honors, received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought. \_\_\_\_\_

List all current license(s), permit(s), certification(s), and level or credited hours. (CPR, lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Personal References (Not Employers)

List four references. Must include one relative.

At least one reference must be a male and one reference a female.

Name and Address	Firm Name/address, if applicable	Phone Numbers	Know in what capacity? (friend, pastor, etc.)	How long known?

List below the names of relatives, friends, or acquaintances employed by this YMCA and their relationship to you.

--



**Please read carefully before signing**

---

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the school, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organization from any and all liability with they might otherwise incur as a result. I understand that any misrepresentation or omission or a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at anytime, and if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA to supply my employment record in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA controlled substance abuse and testing policy. I have read, understand and support the YMCA's position of the problem of child abuse.

I understand that beginning and continuing employment at the YMCA depends, in part, on the following:

1. Passing a drug screen and or physical examination, if requested by the YMCA, to be given by a doctor or nurse, or medical facility selected by the YMCA.
2. Satisfying the YMCA's requirements concerning:

---

  - A. My driving record
  - B. My criminal history record,
  - C. Reference checks, and
  - D. Documents required by law.

---

I understand that as long as my employment with the YMCA lasts, the YMCA may repeat any or all of the above requirements at any time.

I understand the completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept the same as a condition of my employment with the YMCA.

---

signature of applicant

---

date

---