



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS COMPLETELY. PLEASE PRINT.)

## PERSONAL DATA

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

Current Address \_\_\_\_\_ Telephone: Home \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip Business \_\_\_\_\_ / \_\_\_\_\_

Last Previous Address \_\_\_\_\_ to \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

List other cities, counties and states where you have lived or worked:

\_\_\_\_\_  
City County State Number of Years City County State Number of Years

\_\_\_\_\_  
City County State Number of Years City County State Number of Years

Are you 18 years of age or over? Yes  No  Are you a veteran? Yes  No  \_\_\_\_\_  
If Yes, Dates of Military Service

Are you authorized to work in the United States? Yes  No   
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used during prior employment \_\_\_\_\_  
Maiden Name, Other Summaries, Etc.

## GENERAL

Applying for position as \_\_\_\_\_  
 Full-time  Part-time  Temporary

Which YMCA Branch \_\_\_\_\_ Date available \_\_\_\_\_

If applying for seasonal work, are you available to work during the school term? Yes  No

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?  Employee  Advertisement  School  Drop In  Agency  Other

Name of referral source indicated above \_\_\_\_\_

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/position \_\_\_\_\_

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

Does this position work with children? Yes  No  If yes, please give description of children:

Number of Children \_\_\_\_\_ Age Group \_\_\_\_\_ Sex: Male  Female  Both

Any experience supervising staff? Yes  No  If yes, 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/position \_\_\_\_\_

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

Does this position work with children? Yes  No  If yes, please give description of children:

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Street address \_\_\_\_\_ Salary at start \_\_\_\_\_ to \_\_\_\_\_

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

Name of your direct supervisor \_\_\_\_\_ Your title/position \_\_\_\_\_

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

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Any experience supervising staff? Yes  No  If yes, 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

# EMPLOYMENT (Continued)

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

Street address \_\_\_\_\_ Salary at start \_\_\_\_\_ to \_\_\_\_\_

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

Name of your direct supervisor \_\_\_\_\_ Your title/position \_\_\_\_\_

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

Does this position work with children? Yes  No  If yes, please give description of children:

Number of Children \_\_\_\_\_ Age Group \_\_\_\_\_ Sex: Male  Female  Both

Any experience supervising staff? Yes  No  If yes, 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/position \_\_\_\_\_

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

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Any experience supervising staff? Yes  No  If yes, 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

## OTHER EMPLOYMENT NOT LISTED ABOVE

Employment/Location	Supervisor	Your Title	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give dates and explanation of any gaps in your employment history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# STAFF CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff should never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs—diapering; putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including:
  - physical abuse—to strike, spank, shake, slap;
  - verbal abuse—to humiliate, degrade, threaten;
  - sexual abuse—to inappropriately touch or speak;
  - mental abuse—to shame, withhold kindness, be cruel;
  - neglect abuse—to withhold food, water, basic care, etc.No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a nonthreatening way. Any questionable marks or responses will be documented.
8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.
9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
11. While the YMCA does not discriminate against an individual's life-styles, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited.

# STAFF CODE OF CONDUCT

16. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes baby-sitting, sleep overs, and inviting children home. Any exceptions require a written explanation before the fact and are subject to supervisor approval.
19. Staff are not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
22. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
23. Staff will act in a caring, honest, respectful, and responsible manner.

I understand that any violation of this Code of Conduct may result in termination.

Employee/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# CONVICTION RECORD

## READ CAREFULLY

The YMCA checks conviction records of all applicants for employment.

A conviction does not necessarily mean that the YMCA will reject your application. We consider the nature of the offense, your age at the time, how long ago the offense occurred, and the position for which you are applying, among other factors. However, a false answer to this question may disqualify you from further consideration, or result in your termination for falsifying your application.

This question covers all crimes, including traffic offenses, except those traffic violations for which there was no final conviction (for example, you took a defensive driving course), or a fine of less than \$100 was paid.

Have you ever been convicted of, or pleaded guilty or "no contest" to any criminal offense? Yes  No

If you answered "Yes," give dates, places, and details.

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# COMPLETE IF APPLYING TO WORK WITH CHILDREN

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

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

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

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

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

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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

PRINT NAME, CITY AND STATE  
FOR EACH SCHOOL LISTED

DATES

TYPE OF COURSE  
OR MAJOR

GRADU-  
ATED?

DEGREE  
RECEIVED

High School		From _____			
		To _____			
College		From _____			
		To _____			
College		From _____			
		To _____			
College		From _____			
		To _____			
Trade, Certificates or Others		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 high school graduate, have you earned a General Educational 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 special license(s), permit(s), certification(s) and level or credited hours. (CPR, lifeguard, First Aid, etc.)

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

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PERSONAL REFERENCES (Not Employers)

NAME AND HOME ADDRESS	COMPANY NAME / ADDRESS, IF APPLICABLE	PHONE NUMBERS	KNOW IN WHAT CAPACITY? (friend, pastor, etc.)	HOW LONG KNOWN?
		Day: _____ Eve: _____		
		Day: _____ Eve: _____		
		Day: _____ Eve: _____		

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

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## PLEASE READ CAREFULLY BEFORE SIGNING

**IN ACCORDANCE WITH SOUTH CAROLINA LAW, THE LANGUAGE CONTAINED HEREIN IS ADVISORY IN NATURE, CREATES NO CONTRACTUAL OBLIGATIONS ON THE PART OF THE YMCA OR YOU, AND DOES NOT ALTER THE AT-WILL RELATIONSHIP. THIS MEANS THAT YOU HAVE THE RIGHT TO QUIT AT ANY TIME AND OR ANY REASON. THE YMCA HAS THE RIGHT TO END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, AND WITHOUT NOTICE. NO STATEMENT BY ANY EMPLOYEE, OFFICER OR AGENT OF THE YMCA TO THE CONTRARY SHALL HAVE ANY FORCE AND EFFECT.**

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 YMCA, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verifications of previous employment and employment references, verification of education including requests for transcripts. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I also understand that any misrepresentation or omission of a material fact on any application may be justification for refusal of employment, or if employed, dismissal without advance notice.

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 schools, 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 organizations from any and all liability which they might otherwise incur as a result.

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 any time, 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 authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employers, 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's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on 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 required by the YMCA, to be given by a doctor, 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
  - E. Completion of required training

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

I understand that completion of this form does not guarantee me status as an applicant or any consideration of 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