

# YMCA of Central Ohio

## APPLICATION FOR EMPLOYMENT

Last Name of Applicant \_\_\_\_\_

This Association does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, veteran status, marital status, or disability. No question on this form is intended to secure information to be used for such discrimination. Please contact the Human Resources Department if you require accommodation to complete the application or interview process.  
**Only complete applications will be considered.**

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Date you are available to start work \_\_\_\_\_

Name \_\_\_\_\_

Daytime Telephone Number ( ) \_\_\_\_\_ Evening Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Postal Code

Email address: \_\_\_\_\_

Other Names used during prior employment \_\_\_\_\_  
Maiden name, other surnames, etc.

**GENERAL**

Name of position for which you are applying: \_\_\_\_\_

Applying for position as:

- Full time
- Part Time
- Seasonal

If applying for seasonal work, are you available to work during the school term?

- Yes  No

Please circle the day(s) you would prefer to work.

S M T W T F S

Please circle the shift that you are applying for

Day Evening Night

Are you at least 18 years of age?

- Yes  No

Have you previously applied for employment for any YMCA?  Yes  No

If yes, when? \_\_\_\_\_ Location(s)? \_\_\_\_\_

Have you ever worked for any YMCA?  Yes  No

If yes, when? \_\_\_\_\_ Location(s)? \_\_\_\_\_

Do you have any relatives or friends working for the YMCA?  Yes  No

If yes, name: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No  
 (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Have you ever been denied bonding?  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide dates and details: \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

AN EQUAL OPPORTUNITY EMPLOYER

<b>EDUCATION</b>		High School	College	Other
	Name			
	Location			
	Number of years completed			
	Course of Study			
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMPLOYMENT HISTORY &amp; REFERENCE INFORMATION</b>	<i>Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent. If a resume is provided, the information must still be completed. If more relevant work history is further back, use the "skills" portion on next page.</i>			
	From	To	Employer	Telephone #
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
	Starting Rate/Salary	Starting Job Title	Ending Rate/Salary	Final Job Title
	Immediate Supervisor	Summarize the nature of work and job responsibilities.		
	Reason for leaving			
	From	To	Employer	Telephone #
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
	Starting Rate/Salary	Starting Job Title	Ending Rate/Salary	Final Job Title
	Immediate Supervisor	Summarize the nature of work and job responsibilities.		
	Reason for leaving			
	From	To	Employer	Telephone #
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
	Starting Rate/Salary	Starting Job Title	Ending Rate/Salary	Final Job Title
	Immediate Supervisor	Summarize the nature of work and job responsibilities.		
	Reason for leaving			

**SKILLS**

Summarize any other employment history, training, other skills that may have prepared you for this position.

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Please list languages, other than English, that you are able to speak, translate, or teach.

Language:

Ability:

_____	<input type="checkbox"/> Speak <input type="checkbox"/> Translate conversations <input type="checkbox"/> Translate documents <input type="checkbox"/> Teach to others
_____	<input type="checkbox"/> Speak <input type="checkbox"/> Translate conversations <input type="checkbox"/> Translate documents <input type="checkbox"/> Teach to others
_____	<input type="checkbox"/> Speak <input type="checkbox"/> Translate conversations <input type="checkbox"/> Translate documents <input type="checkbox"/> Teach to others

List all special licenses, permits, certifications and level or credit hours (CPR, lifeguard, First Aid, etc.-Proof of these accomplishments will be required, if hired).

TYPE	LEVEL	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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**SUPPLEMENTAL REFERENCES**

List 3 professional references that are not past employers (ex: teachers/professors, customers/clients, coaches, clergy, etc.)

	1	2	3
Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
Position/ Occupation	_____	_____	_____
How long known?	_____	_____	_____

**COMPLETE IF APPLYING TO WORK WITH CHILDREN**

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

Do you have a preference for working with a particular age group and/or sex? \_\_\_\_\_  
Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to 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	Most Difficult Problems
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

## **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I hereby authorize the YMCA of Central Ohio to perform a thorough background check which includes, but is not limited to, obtaining any record of convictions from law enforcement agencies and requesting consumer reports from a consumer reporting agency. I understand that a consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, and reputation. I authorize this investigation to be conducted for employment purposes, including hiring, promotion, transfer, or retention now or in the future. I understand that a consumer reporting agency may not provide information about me without this written consent.

I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all information they have regarding me.

I hereby release any and all individuals including the YMCA of Central Ohio, its successors, designees, and its past and present officers, directors, employees and agents, individually and there respective capacities, from any and all claims, rights, actions and causes of action arising directly or indirectly out of this background check or the use of consumer reports.

I have read the foregoing authorization for background information and release, and fully understand all the terms and their significance and have voluntarily signed this authorization and release.

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Applicant Signature

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Date

## **STATEMENT OF APPLICANT**

I certify that all information I have provided in order to apply for and secure work with the YMCA of Central Ohio is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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Applicant Signature

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Date

**YMCA OF CENTRAL OHIO**  
**NOTICE OF USE OF CONSUMER REPORTS**

As part of the YMCA of Central Ohio's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report which contains information about me may be obtained by the YMCA now or in the future. A consumer report may contain information including but not limited to information bearing on my credit worthiness, driving record, criminal record, character, general reputation, or personal characteristics. I understand that the YMCA may not obtain this information from a consumer reporting agency without my written consent.

The YMCA of Central Ohio endorses and enforces its policies and practices to prevent child abuse. Our first priority in all youth programs is care and safety. We make an active and, we believe, effective effort to prevent child abuse whether verbal, physical, emotional or sexual. Allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported. The YMCA will fully cooperate in any investigation or prosecution of suspected child abusers.

Since all employees of the YMCA of Central Ohio have access to children, all candidates will be subject to a thorough background investigation which may include, but are not limited to checking the following:

- ◆ Past employer references
- ◆ Personal references
- ◆ Periodic interviews with children and parents about day-to-day experiences, encouraging reports of anything out of the ordinary
- ◆ Criminal background history
- ◆ Psychological testing
- ◆ Drug testing
- ◆ Personal characteristics/activities
- ◆ Civic involvement
- ◆ Volunteer organization history
- ◆ Military records

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Signature

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Date