



YMCA of the Greater Tri-Cities Employment Application

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, marital status, national origin, disability, veteran status or other legally protected characteristic. The YMCA is an Equal Opportunity Employer and a Drug Free Workplace.

PERSONAL: Please print				
Last Name:		First Name:		Middle:
Present Street Address:				Today's Date:
City:		State:	Zip:	Cell Phone:
Position Applied for:		Desired Hourly Rate/Salary: \$ _____ per _____	E-mail:	
Additional Phone:				

EMPLOYMENT INFORMATION:						
Have you ever been employed by any YMCA? Yes No				When will you be available to start?		
From:		To:		Location(s):		
Have you ever volunteered for any YMCA? Yes No				Are you legally eligible for employment in the U.S.?		
From:		To:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
List available days/hours						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred Job Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> As Needed						
Are you at least 21 years of age? Yes No				How were you referred to the YMCA for employment?		
Date of Birth (Only if under age 21):						
List relatives/household members working for the YMCA to avoid potential conflicts in placement:						
1. Have you ever been convicted of or plead guilty to any criminal offense (excluding non-moving traffic offenses)?				Yes	No	
2. Have you ever been found by a court in a civil action, a disciplinary board final hearing or in a protection proceeding to have abused or financially exploited a minor or vulnerable adult?				Yes	No	
3. Has a court ever taken away your custody or visitation rights to a child or vulnerable adult?				Yes	No	
4. Have you been convicted of a felony?				Yes	No	
HB 1298 sec 2 "ban-the-box" does not apply to the YMCA of the Greater Tri-Cities as an employer hiring for positions that may have unsupervised access to children under the age of 18. If answering Yes to any question, describe in full on a separate sheet.						

EDUCATION:				
	Institution Name & Location	Did you Graduate?	Degree Received	Course/Major
High School		Yes No		
Business/Trade		Yes No		
College		Yes No		
College		Yes No		
Are you presently in school? Yes No			If yes, give your expected completion date	
Number of Early Childhood Education credits:		How many are School-Age appropriate?		
If you are not a high school graduate, list the highest grade you completed:				
If you are not a high school graduate, have you earned a GED or high school equivalency? Yes No				

NOTICE TO ALL APPLICANTS: The YMCA enforces its Zero Tolerance policy for child abuse. Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired, including criminal background checks. We provide child abuse prevention training to staff.

Attention Applicants: Complete All Pages

WE CONDUCT CRIMINAL BACKGROUND CHECKS OF ALL APPLICANTS

EMPLOYMENT HISTORY & WORK EXPERIENCE: Please give accurate, full-time and part-time employment records. Start with your present or most recent employer. For additional work experience, please attach a separate piece of paper.

Employer	Telephone	<u>Dates Employed</u> <u>(Month & Year)</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title			
Immediate Supervisor and Title	Telephone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Eligible for rehire?	If no, why?	

Employer	Telephone	<u>Dates Employed</u> <u>(Month & Year)</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title			
Immediate Supervisor and Title	Telephone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Eligible for rehire?	If no, why?	

Employer	Telephone	<u>Dates Employed</u> <u>(Month & Year)</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title			
Immediate Supervisor and Title	Telephone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Eligible for rehire?	If no, why?	

Employer	Telephone	<u>Dates Employed</u> <u>(Month & Year)</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title			
Immediate Supervisor and Title	Telephone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	Eligible for rehire?	If no, why?	

Please explain any gaps in your employment history.

--

If you worked for any of the above employers under another name, please list your other names and identify which employer?

--

VOLUNTEER HISTORY & VOLUNTEER REFERENCES:

Include volunteer work/membership in professional or civic organizations related to this position. Exclude, if you wish, those which may disclose your race, creed, color, religion, sex, marital status, ancestry or age.

Organization Name / Contact Name	Location (City/State) / Phone	Your Role	Dates (from MM/YY to MM/YY)

PERSONAL & CHARACTER REFERENCES: List three personal/character references; the final reference must be an immediate family member. Don't include supervisors listed in Employment section.

Name & Occupation	Organization/Address (City/State/Zip)	Known in what capacity (friend, neighbor, teacher, etc.)	Known for how long?	Telephone Numbers
				Day: Eve:
				Day: Eve:

Immediate Family Member Reference: (i.e. Mother, Father, Brother, Sister or Spouse)

			Day: Eve:
--	--	--	--------------

SKILLS & CERTIFICATIONS:

List only job related certifications, licenses, and skills. Provide expiration dates if any.

<p>General Certificates and Trainings:</p> <p><input type="checkbox"/> First Aid Expires: _____</p> <p><input type="checkbox"/> CPR Infant-Child Adult Expires: _____</p> <p><input type="checkbox"/> Food Worker Permit Expires: _____</p> <p>_____ Expires: _____</p> <p>YMCA Certificates:</p>	<p>Child Care Certificates and Training</p> <p><input type="checkbox"/> Portable Background Check (PBC) Expires: _____</p> <p><input type="checkbox"/> Bloodborne Pathogens Date Completed: _____</p> <p><input type="checkbox"/> STARS Basic Training Date Completed: _____</p> <p><input type="checkbox"/> TB/PPD Test Test Date: _____ Expires: _____</p> <p>Swimming Certificates and Training:</p> <p><input type="checkbox"/> Life Guarding Expires: _____</p> <p><input type="checkbox"/> WSI Expires: _____ Expires: _____</p>	<p>Other Specialized Skills/Training/Languages:</p> <p>Office Skills:</p> <p>Keyboarding: _____WPM</p> <p>10 Key / Other Office Machines</p> <p>Software: (Please List)</p>
---	--	---

OTHER QUALIFICATIONS: List other qualifications and skills related to the position desired, such as special training, typing, classes, etc. You may also list any other information you would like in this space.

Attention Applicants: Complete All Pages

DRIVING INFORMATION: Furnish ONLY if applying for a position involving driving YMCA-owned/leased vehicle. Participation in pre-employment and random drug testing program is required to drive YMCA vehicles.

Do you have a current driver's license? Yes No State Issued: _____ CDL? Yes No
Do you possess any special endorsements on your license? Yes No If yes, please specify _____
How many years licensed driving experiences do you have? Less than 2 years 2 years 3 years 4 years or more
Have you had any Driving Violations in the last 5 years? _____

COMPLETE THESE QUESTIONS ONLY IF APPLYING TO WORK WITH YOUTH.

- 1) Why do you want to work with and care for youth?

- 2) With what age group or gender do you prefer to work and why?

- 3) Other than employment within your own family, what other involvement do you have with youth?

- 4) Have you ever molested or abused a child? Yes No

- 5) What youth focused training have you received?

ALL APPLICANTS: Please read carefully before signing.

I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application, or dismissal if employed. I authorize and release any and all former employers, supervisors and any other persons to furnish the YMCA with information concerning my work performance, skills, abilities and character.

I understand that if an offer of employment is made, employment is conditional based upon the results of background investigation(s) conducted by the YMCA and the State if employed in a DSHS/DEL licensed program. Background investigations include completion of criminal conviction and abuse/exploitation disclosure(s), DMV, and related records check(s). Additionally, previous work experience, academic history, certifications, professional licenses, etc. may be verified. Finger printing may be required of all employees.

If employed, I agree that employment with the YMCA is at-will and that either the YMCA or I may terminate the relationship at any time with or without cause or notice. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will. This at-will employment relationship can only be altered by the Executive Director, and any such agreement shall not be effective unless it is in writing and signed by both parties. I understand that, other than the Executive Director of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

If employed, I understand that I must furnish proof of my identity and legal right to work in the U.S. within three days of hire, in compliance with the Immigration Reform and Control Act of 1986. I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings. I further understand that if I am employed, I am required to abide by all YMCA policies and procedures at all times. I acknowledge that I have read the above statements and understand them.

Applicant Signature _____ Date _____