



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

RIVER VALLEY REGIONAL YMCA EMPLOYMENT APPLICATION

Thank you for your interest in the River Valley Regional YMCA!

The River Valley Regional YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

Interviewer Section

Name _____

Date _____

Personal Information

Position Applying For: _____ Date: _____

Preferred YMCA Location: _____ Date Available: _____

Name: _____ E-mail: _____
Last First MI

Address: _____
Street City State ZIP

Telephone: Home ____/____ Business ____/____ Mobile ____/____

Are you 18 years of age or older? *(If not, you may be required to provide work authorization.)* **Yes**
 No

If hired, can you provide verification of your legal right to work in the United States? **Yes**
 No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? **Yes**
 No

Would you be interested in volunteering for the YMCA in any capacity? If so, please state areas you are interested in volunteering for. **Yes**

 No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent 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 and we provide child abuse prevention training to staff.

Employment Application

Employment Information						
List available days/hours:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Preferred Job Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> As Needed</p> <p>Have you previously been employed by or volunteered at this YMCA or any other YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, when? At which locations?</p> <p>Have you previously volunteered at this YMCA or any other YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, when? At which locations?</p> <p>Do you have any relatives or household members currently working for this YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, name(s) and relationship:</p> <p>How did you hear about this opening? <input type="checkbox"/> YMCA staff referral <input type="checkbox"/> YMCA member</p> <p>Name of referral source: <input type="checkbox"/> School <input type="checkbox"/> Advertisement</p> <p> <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____</p> <p> <input type="checkbox"/> YMCA website</p>						

Education & Training

Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Describe any non-employment experience such as school or volunteer activities that might strengthen your application:					

Safety & Job Specific Certifications			
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Employment Application

List prior employment, beginning with your most recent first.

Employment History			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Please explain any gaps in your employment history.			
What other business experience, personal experience or training have you had that may have prepared you for this position?			

Please give a reference form to two professional references, references cannot be members of your immediate family, to complete and hand in along with this employment application to be considered for a position at the River Valley Regional YMCA. Your application will NOT be considered without the two completed Reference Forms.

Application Acknowledgement and Authorization

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO 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. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. 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.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. 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. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: _____ Date: _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

RIVER VALLEY REGIONAL YMCA REFERENCE FORM

Authorization to Release Information

As an applicant for a position with the River Valley Regional YMCA, I am requesting information for the use of determining my employment qualifications. For the sole use of the River Valley Regional YMCA, I hereby request and authorize release of any and all information you may have concerning me and my employment with your company.

I hereby release, discharge, and exonerate the agencies, their agents and representatives, and any person furnishing information from any and all liability of nature and kind arising out of the inspection of such documents, records, and other information. This shall be binding on my legal representatives, heirs and assigns.

Print Name

Signature

Date

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____ Position Applied For: _____

Reference Name: _____ Phone Number: _____

Alternate Phone Number(If Applicable) _____ Email: _____

ALL OF THE FOLLOWING QUESTIONS/INFORMATION MUST BE COMPLETELY ANSWERED UNLESS OTHERWISE NOTED.

1. How long have you known this individual? _____
2. What is your relationship with this individual? (Reference must be a non-family member)
 - Supervisor/ Employer Friend or Neighbor Adult Co-Worker Teacher
 - Other (specify) _____

PLEASE PLACE A CHECK MARK NEXT TO THE APPROPRIATE ANSWER

Reliability/dependability:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Attendance:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Performance:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Communication:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Team Player:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Demeanor:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Willing to learn:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor

REFERENCE FORM

3. Are there any reasons why you would recommend *against* hiring this person?

Yes/ No If yes please explain:

4. Do you see any reason why this person should not work in a setting that has contact with children/teens?

Yes/ No If yes please explain:

5. Is there any additional information that you would like to give us in regards to this person?

The following MUST be answered if the applicant will be working directly with children/teens in any capacity.

1. Please rate his/her interaction skills with children/teens:

Excellent Good Fair Poor Have not observed

2. How many years of experience has the applicant had working with children/teens? _____

3. Was this position part-time or full-time? _____ Hours per week? _____

4. To the extent you know, please tell me about the applicant's roles with children/teens; for example, coaching, youth organizations, schools, etc.

5. In the time that you have known the applicant, did you observe anything that would cause you to be uncomfortable about recommending them for a position working with children/teens?

Yes/ No If yes please explain:

The River Valley Regional YMCA wishes to thank you for your time and consideration. Please print, sign and date below, confirming your completion of this form. By completing below, you confirm your consent for a staff member to contact you in regards to this reference form and if needed, ask additional questions pertaining to the applicant.

Print Name

Signature

Date

Verification to be completed by Supervisor:

Print Name

Signature

Date



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

RIVER VALLEY REGIONAL YMCA REFERENCE FORM

Authorization to Release Information

As an applicant for a position with the River Valley Regional YMCA, I am requesting information for the use of determining my employment qualifications. For the sole use of the River Valley Regional YMCA, I hereby request and authorize release of any and all information you may have concerning me and my employment with your company.

I hereby release, discharge, and exonerate the agencies, their agents and representatives, and any person furnishing information from any and all liability of nature and kind arising out of the inspection of such documents, records, and other information. This shall be binding on my legal representatives, heirs and assigns.

Print Name

Signature

Date

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____ Position Applied For: _____

Reference Name: _____ Phone Number: _____

Alternate Phone Number(If Applicable) _____ Email: _____

ALL OF THE FOLLOWING QUESTIONS/INFORMATION MUST BE COMPLETELY ANSWERED UNLESS OTHERWISE NOTED.

1. How long have you known this individual? _____
2. What is your relationship with this individual? (Reference must be a non-family member)
 - Supervisor/ Employer Friend or Neighbor Adult Co-Worker Teacher
 - Other (specify) _____

PLEASE PLACE A CHECK MARK NEXT TO THE APPROPRIATE ANSWER

Reliability/dependability:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Attendance:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Performance:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Communication:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Team Player:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Demeanor:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Willing to learn:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor

REFERENCE FORM

3. Are there any reasons why you would recommend *against* hiring this person?

Yes/ No If yes please explain:

4. Do you see any reason why this person should not work in a setting that has contact with children/teens?

Yes/ No If yes please explain:

5. Is there any additional information that you would like to give us in regards to this person?

The following MUST be answered if the applicant will be working directly with children/teens in any capacity.

1. Please rate his/her interaction skills with children/teens:

Excellent Good Fair Poor Have not observed

2. How many years of experience has the applicant had working with children/teens? _____

3. Was this position part-time or full-time? _____ Hours per week? _____

4. To the extent you know, please tell me about the applicant's roles with children/teens; for example, coaching, youth organizations, schools, etc.

5. In the time that you have known the applicant, did you observe anything that would cause you to be uncomfortable about recommending them for a position working with children/teens?

Yes/ No If yes please explain:

The River Valley Regional YMCA wishes to thank you for your time and consideration. Please print, sign and date below, confirming your completion of this form. By completing below, you confirm your consent for a staff member to contact you in regards to this reference form and if needed, ask additional questions pertaining to the applicant.

Print Name

Signature

Date

Verification to be completed by Supervisor:

Print Name

Signature

Date