



# YMCA of Central Virginia

## 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 of Central Virginia is an Equal Opportunity Employer and a Drug Free Workplace.

PERSONAL: Please print			
Last Name:		First Name:	
		Middle:	
		Today's Date:	
Present Street Address:			Cell Phone:
City:	State:	Zip:	Number of Years at Present Address:
Previous Address: (Street Address, City, State, Zip- include if lived at Present Address for less than 1 year.)			Number of Years at Previous Address:
Position Applied For:			Email:
			Location(s):

EMPLOYMENT INFORMATION:	
Have you ever been employed by any YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available to start?
From: To: Location(s):	
Have you ever volunteered for any YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To: Location(s):	
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list Date of Birth (Only if under age 21):	How were you referred to the YMCA for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
List relatives/household members working for the YMCA to avoid potential conflicts in placement:	If yes, by who?
1. Have you ever been convicted of or pled guilty to any criminal offense (excluding non-moving traffic offenses)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Has a court ever taken away your custody or visitation rights to a child or vulnerable adult? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.</i> If <b>YES</b> to any question, describe in full on a separate sheet.	

EDUCATION:				
	Institution Name & Location	Did you Graduate?	Degree Received	Course/Major
High School				
Business/Trade				
College				
College				
Are you presently in school? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

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

**Please explain any gaps in your employment history.**

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

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**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:
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**SKILLS & CERTIFICATIONS:**

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

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

**COMPLETE THESE QUESTIONS:**

- 1) What Interests you about this position for which you are currently applying?
  
- 2) What has prepared you for the position for which you are currently applying?

**COMPLETE THESE QUESTIONS ONLY IF APPLYING TO WORK WITH YOUTH:**

- 1) Why do you want to work with youth?
  
- 2) What age group or gender do you prefer to work with and why?
  
- 3) List your hobbies:

**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). By my signature below, I consent to the release of such background reports in conjunction with my application for employment and during the entire course of my employment. 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. 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. I also represent that I am able to participate in the required work activities.

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 \_\_\_\_\_

YMCA of Central Virginia Employment Application| Rev. January 2020

**YMCA MISSION STATEMENT**

The YMCA of Central Virginia seeks to put Christian Principles into practice.