



# YOUNG MEN'S CHRISTIAN ASSOCIATION APPLICATION FOR EMPLOYMENT (EQUAL OPPORTUNITY EMPLOYER)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

## PERSONAL DATA

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

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

Previous Address \_\_\_\_\_  
Street City Zip \_\_\_\_\_ to \_\_\_\_\_  
Dates living at this address

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

List other cities, counties and states where you have lived/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 provide proof of your employment eligibility)

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

## GENERAL

Applying for position as \_\_\_\_\_ Acceptable Salary Range \_\_\_\_\_  
\_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary Notice Required \_\_\_\_\_

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 ever pleaded guilty to, or been convicted of a criminal offense? \_\_ Yes \_\_ No  
If yes give circumstances. \_\_\_\_\_

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 (CONTINUED)

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_  
Name of your direct supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Briefly describe your responsibilities \_\_\_\_\_

Any experience 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

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_  
Name of your direct supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Briefly describe your responsibilities \_\_\_\_\_

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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

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Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_  
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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

## STAFF CODE OF ETHICS (Continued)

8. Staff will, at all times, portray a positive role model for children and youth by demonstrating respect, loyalty, patience, courtesy, tact, and maturity.
9. Staff will treat all children, regardless of age, race, religion, ethnicity, gender, or disability with respect, compassion and kindness.
10. Staff will use only positive techniques of guidance and discipline, such as anticipation and prevention of potential problems, positive reinforcement and encouragement, and redirection.
11. Staff will never leave a child unsupervised.
12. Staff will appear clean, neat and appropriately dressed.
13. Staff will not attend work with physical or psychological conditions that might adversely affect children's health and safety.
14. Staff will not use tobacco products during working hours in the presence of children or parents.
15. Staff will not use, possess, or be under the influence of alcohol or illegal drugs during working hours.

I have read and understand "The YMCA's Position on the Nation-wide Problem of Child Abuse" and the Staff code of Ethics. I understand that any violation of the Code of Ethics may result in termination. Being fully aware of the matters contained in this Staff Code of Ethics, I still desire consideration for employment by the YMCA.

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

## CAREER OPPORTUNITIES WITHIN THE YMCA

The YMCA is a community service organization dedicated to helping individuals and families reach their full potential by promoting a healthy lifestyle in spirit, mind and body and by demonstrating Christian values.

Some career opportunities include:

- Counseling
- Sports & Physical Education
- Camping
- Child Care
- Adolescent Leadership
- Aquatics
- Community Outreach
- Family Program Leadership
- Health & Fitness
- Administrative
- Marketing
- Accounting & Finance
- Data Processing
- Human Resources/Training Development
- Clerical
- Maintenance/Properties
- Branch Management
- Transportation

# EDUCATION

Print Name, City, and State  
For each school listed

Dates

Type of Course Grad- Degree  
or Major uated Received

High School		From _____			
		To _____			
College		From _____			
		To _____			
College		From _____			
		To _____			
Trade, Business School		From _____			
		To _____			
Other		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 a high school graduate, have you earned a 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.

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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 \_\_\_\_\_

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LaPorte County Family YMCA  
901 Michigan Ave, LaPorte, IN 46350  
P: 219 325 9622 F: 219 325 3600  
www.lpymca.org

DATE \_\_\_\_\_

We are considering the below named individual for employment with the La Porte County Family YMCA. It is requested that the name of the applicant be searched through the records of your department for any arrest record; traffic and/or criminal. Please note information below and return to the La Porte County Family YMCA by mail or to the staff requesting the information. All information obtained through this request will be kept confidential.

LAST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I hereby authorize and give my consent to the release of my criminal and/or traffic record to any and all City, County and State Police and Sheriff's Departments to the La Porte County Family YMCA as may be required for the purpose of employment.

I hereby waive, release and surrender any and all rights to claims which I have against the City, County or State mentioned above, or any of its officers or employees as a result of the release of such records.

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if applicant is under age 18)  
\_\_\_\_\_

WITNESS (Authorized YMCA staff signature) \_\_\_\_\_

**RECORDS CHECK COMPLETED BY:**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

RESULTS:  
8/29/2012

## Drug-Free Work Place Policy

At the YMCA the safety of our employees is a matter of paramount concern. By maintaining high standards of conduct for its employees, the YMCA can promote a safe and secure work environment necessary to produce a quality and reliable experience for our members, guests, and program participants.

The YMCA recognizes that individuals who use illicit drugs and alcohol are significantly more likely to sustain work place accidents, be off work for larger amounts of time, perform their jobs in substandard manners, and expose other members of the work force as well as members of the general public to increased risk of injury and harm.

The YMCA intends to maintain a drug-free and alcohol-free work place by prohibiting the illegal possession, use, sale, distribution, dispensing, transferring, or manufacturing of a controlled substance by its employees while at work, while on YMCA property, or while on YMCA business. The YMCA will not permit any employee to begin work, or to continue working if the employee possesses or has the presence of controlled substances or alcohol in his/her system.

Employees, their possession, lockers, containers, automobiles, purses, briefcases and clothing are subject to random search and surveillance at all times while on YMCA premises or while conducting YMCA business. Any employee who refuses to submit to a search when reasonably requested will be discharged from employment.

All employees of the YMCA will be required to undergo blood or urine testing for presence of drugs and alcohol. The testing will be done on an unannounced, random basis, as determined by the YMCA in its sole discretion. Any employee who refused to take a test when reasonably requested shall be discharged from employment.

We also require, if necessary, a fitness-for-duty medical evaluation any time an employee, by his or her actions or behavior, gives the company reasonable suspicion that he or she has violated the Drug-Free Workplace Policy or at any time an employee suffers a work related injury that requires medical attention unless the circumstances of the injury clearly indicate that the employee's conduct would not have been a causative factor. Any employee who refuses to submit to a test when reasonably requested will be discharged from employment.

Under the testing procedures, any employee who receives a positive test result will be discharged from employment. The positive cut-off levels for purposes of this policy will be those propagated by the U.S. Department of Labor for Truck Drivers involved in interstate commerce.

# PERSONAL REFERENCES

Please list four (4) references – one (1) must be a relative

Name	Address and Phone Number	Firm Name, Address and Phone Number	Position or Occupation	How Long Known

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


## PLEASE READ CAREFULLY BEFORE SIGNING

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. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

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 also understand that if employed and misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA to supply my employment record, in whole or in part and in confidence to any prospective employer, 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 also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening. If one is requested to be given by a physician or registered nurse selected by the YMCA and until results of my driving record, my criminal history record, reference checks and other document required by law are completed and until information given by me has been verified.

I understand that completion of this form does not guarantee my status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

**CONVICTIONS:** A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read the above statement and accept the same as a condition of my employment with the YMCA

\_\_\_\_\_  
Signature of Applicant

**This page must be completed before submitting application**

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 with? 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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Have any children in your care been victims of physical, emotional, verbal or sexual abuse? Explain. \_\_\_\_\_

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

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What is your greatest weakness or problem related to caring for children? \_\_\_\_\_

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# THE YMCA'S POSITION ON THE NATION-WIDE PROBLEM OF CHILD ABUSE

## THE YMCA 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, verbal, physical, emotional or sexual.

The YMCA goals are

- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.

Allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and the YMCA will fully cooperate with any related investigations and will pursue the prosecution of the child abusers to its full extent under the laws of this State.

All candidates will be subject to a thorough background investigation to screen out molesters including, but not limited to checking the following:

- References of past employers
- Personal references
- Military records
- Volunteer organization history
- Civic involvement
- Criminal background history
- Personal characteristics/activities
- Psychological testing

## STAFF CODE OF ETHICS

1. Staff will not verbally, physically, emotionally, or sexually abuse a child.
2. Staff will not be alone with children except with prior approval or in an emergency.
3. Staff will not use profanity in the presence of children, parents or other participants.
4. Staff will not display intimate affection towards others in the presence of children, parents or other participants.
5. Staff will not accept expensive gifts or money from children, parents or other participants.
6. Staff/volunteers will not socialize, associate, or provide services (such as babysitting, private lessons, etc.) for program participants under the age of 18 years outside of YMCA activities.
7. Staff will report any suspected abuse or neglect to the IN Dept. of Children and Family and law enforcement agencies, as required by Indiana law.

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

# EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD BEGINNING WITH YOUR MOST RECENT. INCLUDE  
SELFEMPLOYMENT AND VOLUNTEER WORK

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_  
Name of your direct supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Briefly describe your responsibilities \_\_\_\_\_

Any experience 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

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_  
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