

Please provide three references, no relatives.

1.	Name	Phone Number	Relationship
2.	Name	Phone Number	Relationship
3.	Name	Phone Number	Relationship

Certifications or Degrees Held

Do you hold current certifications in the following areas?

Lifeguard Training	Yes	No	Exp Date
CPR (infant/child/adult)	Yes	No	Exp Date
First Aid	Yes	No	Exp Date
Water Safety Instructor (ARC)	Yes	No	Exp Date
AA or AS college degree	Yes	No	Exp Date
BA or BS	Yes	No	Exp Date
MA or MS	Yes	No	Exp Date

Please list any other certifications or special training you have:

\_\_\_\_\_

What ages do you prefer to work with?

Infant   
 Elementary   
 Adults   
 Preschool   
 Toddlers   
 High School   
 Special Classes

*If you want to work with our youth please fill out the questions below*

Please elaborate on your previous job experience with children.

\_\_\_\_\_

What are your future goals in childcare?

\_\_\_\_\_

Why would you like to be employed in this position?

\_\_\_\_\_

What do you feel most qualifies you for this position?

\_\_\_\_\_

Please read and sign the Statement of Application concerning the YMCA of DeKalb, Inc. Application policies. This application cannot be accepted if this section has not been completed. Please attach a resume, references or other personal information that you feel pertains to the position for which you are applying.

*Statement of Application*

In the YMCA of DeKalb County Inc efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health. I fully consent to and authorize all such inquiries. In the event of my employment by the YMCA of DeKalb County, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment.

I hereby waive any right to claim any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand my continued employment is contingent upon a clean criminal history background check. I understand that the agency may secure conviction criminal history information as a part of the employment screening process. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the YMCA of DeKalb County, Inc. does not condone child abusers and that the YMCA of DeKalb County, Inc. will be seeking information in my background related to child abuse.

Name (last,first,middle) \_\_\_\_\_

Maiden name or previously used \_\_\_\_\_

Birth date(optional) \_\_\_\_\_ Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude me being considered for employment or after employment, may be caused for termination with the YMCA. I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I understand that the YMCA is committed to maintaining a drug-free workplace and will not tolerate any use. I also understand that I must report any work related performance issues that others are not following the drug free workplace policy. I understand and agree that if I am employed there is no contract period, and my employment would solely be an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination. I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

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

## YMCA of DeKalb County, Inc Employment Application

Name(last, first, middle) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ SS # \_\_\_\_\_ Dates available for hire \_\_\_\_\_

Note: You will be required to submit valid documentation of employment authorization as a condition of hire.

Position applying for : \_\_\_\_\_ I will accept (circle one) Full Time/Part Time/Temporary Employment.

Have you previously worked for the YMCA of DeKalb County, Inc? yes/no If yes what position or title? \_\_\_\_\_

Are you 16 years or older? yes/no Are you 18 years or older? yes/no Are you 21 years or older? yes/no

Have you ever been convicted of a felony? Yes No

If yes, please explain and give details. \_\_\_\_\_

We are an equal opportunity employer. It is the policy of the YMCA to comply with all federal and/or state laws regarding Equal Employment as they relate to all employees and applicants for employment. Accordingly, the YMCA of DeKalb County is committed to ensuring that all personnel decisions for all classifications are made without regard to race, creed, color, religion, national origin, age, sex, marital status, sexual preference, veteran status, or disability except in cases dictated by a bonafide occupational qualification. Applications from all qualified individuals are considered and kept active for only 90 days. The application will be considered on if all the questions are answered. Selective applicants will be called for personal interviews, which are required before hiring. If not selected, all applicants must renew their application in person at the YMCA. The YMCA of DeKalb County is committed to maintaining a drug free workplace to protect its employees, the youth, families and individuals served by the YMCA. Any use will not be tolerated.

### Educational Background

	Year Graduated or Anticipate Graduating
High School _____	_____
College _____	_____
Business/ Trade _____	_____
Other _____	_____

Please list particular skill, talents, or interest you would like to share. Also list all languages in which you are fluent.

### Work History- List in order, beginning with last or current employer

1. \_\_\_\_\_

Employer/Company	Street Address	City	State	Zip	Phone
Supervisor's Name and Title	Reason for Leaving			Last Pay Rate \$ _____ per _____	
Dates of Employment _____ to _____					

Describe in detail your work: \_\_\_\_\_

May we contact this employer? Yes No

2. \_\_\_\_\_

Employer/Company	Street Address	City	State	Zip	Phone
Supervisor's Name and Title	Reason for Leaving			Last Pay Rate \$ _____ per _____	
Dates of Employment _____ to _____					

Describe in detail your work: \_\_\_\_\_

May we contact this employer? Yes No

3. \_\_\_\_\_

Employer/Company	Street Address	City	State	Zip	Phone
Supervisor's Name and Title	Reason for Leaving			Last Pay Rate \$ _____ per _____	
Dates of Employment _____ to _____					

Describe in detail your work: \_\_\_\_\_

May we contact this employer? Yes No

### Employment Availability

Sunday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM
Monday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM
Tuesday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM
Wednesday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM
Thursday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM
Friday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM
Saturday	Yes	No	Start Time _____ : _____	AM	PM	Stop _____ : _____	AM	PM