



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

**Application For Employment  
WHATCOM FAMILY YMCA**

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or the presence of non-job related handicap. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application shall be considered sufficient for termination.

PERSONAL	Last Name		First Name		Middle	Today's Date:	
	Street Address					Home Phone: (      )	
	City/State/Zip					Business/Message Phone: (      )	
	Have you ever been employed by the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No					Email (optional):	
	From:	To:	Location:				
	Have you ever volunteered at this or another 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:				
	Permanent address (parent's home): Street Address: _____ City/State/Zip: _____ Phone: _____						
	Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute/On Call					Referred by: <input type="checkbox"/> YMCA Member <input type="checkbox"/> YMCA Volunteer <input type="checkbox"/> Bellingham Herald <input type="checkbox"/> YMCA Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> Other Advertisement <input type="checkbox"/> Other _____ <input type="checkbox"/> YMCA Employee _____	
	Specify preferred days & hours: _____						
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Date of Birth (Only if under 18): _____							
Have you been convicted of or pled guilty to any criminal offense (including all juvenile crimes except those which have been expunged from your record) or released from prison/jail in the past ten year? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes to either questions, describe in full: _____							
(Only convictions that the YMCA believes are reasonably related to the duties of the job will be considered)							

PROGRAM INTEREST	Program(s) interested in: <input type="checkbox"/> Early Childhood <input type="checkbox"/> School-Age (K-5) Middle School <input type="checkbox"/> High School <input type="checkbox"/> Other _____					
	Position or type of employment desired (check one or more): <input type="checkbox"/> Group Leader/Assistant Teacher <input type="checkbox"/> Van Driver <input type="checkbox"/> Other _____ <input type="checkbox"/> Site Director/Lead Teacher <input type="checkbox"/> Bus Driver					
	Please list in order of preference which age groups you would like to work with or with which you feel most effective (rank 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.):					
	<input type="checkbox"/> Infants (1-12 months)		<input type="checkbox"/> Preschool Age (3-5 years)			
	<input type="checkbox"/> Toddlers (1-3 years)		<input type="checkbox"/> Elementary Age (5-11 years)			
<input type="checkbox"/> Middle School (11-14 years)		<input type="checkbox"/> High School (14-18 years)				
Why? _____						

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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

	Name & Location (City/State)	Types of Courses or Major	Graduated?	Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	

Are you presently in school?  Yes  No If yes, give your expected completion date: \_\_\_\_\_

List courses you are taking: \_\_\_\_\_

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**Please give accurate, complete full-time and part-time employment records, starting with the most recent employer. Attach explanation of any gaps.**

<b>1</b>	Company:	Telephone (    )	Employed: (month & year) From:                      To:
	Address:	City/State/Zip	Salary: Start:                      Last:
	Name & Title of Supervisor:	Telephone (    )	Reason for Leaving:
	State Job Title and describe your work		Eligible for re-hire?
<b>2</b>	Company:	Telephone (    )	Employed: (month & year) From:                      To:
	Address:	City/State/Zip	Salary: Start:                      Last:
	Name & Title of Supervisor:	Telephone (    )	Reason for Leaving:
	State Job Title and describe your work		Eligible for re-hire?
<b>3</b>	Company:	Telephone (    )	Employed: (month & year) From:                      To:
	Address:	City/State/Zip	Salary: Start:                      Last:
	Name & Title of Supervisor:	Telephone (    )	Reason for Leaving:
	State Job Title and describe your work		Eligible for re-hire?

If you obtained your educational degree(s) or if you worked for any of the above employers under another name, please list your other names and identify which employer by number.

<b>V O L U N T E E R</b>	<b>VOLUNTEER WORK/MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS RELATED TO THIS POSITION.</b> Exclude, if you wish, those which may disclose your race, color, religion, sex, marital status, national origin, ancestry or age.			
	Organization Name/Contact Name	Location (City/State)/Phone	Your role	Dates (from MM/YY to MM/YY)

<b>S K I L L S</b>	Please list any certification, licenses or specialized skills that pertain to the position (provide expiration dates if any.)			
	Certifications & Expiration Dates		Years of experience with children	YMCA Certificates
	First Aid	Expires:		
	CPR (Adult/Child/Infant)	Expires:		
	Life Guard	Expires:	Other Specialized Skills/Training	
NEG TB Test	Date Read:			

<b>D R I V I N G</b>	Please furnish this information only if applying for a position involving driving a YMCA-owned or leased vehicle. Participation in a random drug testing program may be required to drive vehicles with the YMCA.	
	Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    State Issued: _____	
	Do you have a Commercial Driver's License (CDL)?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How many years of <u>licensed</u> driving experience do you have? <input type="checkbox"/> Less than 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years or more	
	What driving violations have you had in the last 5 years?	

<b>S C H E D U L E</b>	a) Dates available to work (state date): _____
	b) End date (if necessary): Minimum: _____ Maximum: _____
	c) Desired amount of hours: _____
	d) Schedule: Please list your class schedule, other job hours, and any other obligations you may have: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Times: _____
	Those seeking summer employment must commit to 40 hours/week and be available to begin the last day of school and work until the first day of school.

<b>R E F E R E N C E S</b>	<b>PERSONAL AND CHARACTER REFERENCES:</b> List four personal/character references. Do not include supervisors listed in Employment Section or relatives/family members.				
	Name & Occupation	Company or Home Address (complete address required)	Phone #	Know in what capacity? (friend, teacher, etc.)	Known How Long?

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- a) Why are you applying for a position with YMCA Childcare? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) What are your goals & philosophies with respect to child development (be brief)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) What do you feel you have to contribute to the overall success of a Childcare Program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d) What do you feel is appropriate discipline for children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e) List all activities you feel you are qualified to facilitate with children and or young adults? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- f) If you had an opportunity to plan one week of camp/care, what would your theme be? Activities? \_\_\_\_\_  
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- Applicant agrees to the following conditions of employment:
- a) A pre-employment health evaluation, if required.
  - b) Meet minimum or maximum age requirements of applicable laws and submitting proof of age, if required.
  - c) Submitting proof of citizenship or U.S. work permit, if required.
  - d) Completeing and executing surety bond application, if required.
  - e) Meeting attendance and performance requirements.
  - f) Conforming to other policies of the Whatcom Family YMCA.
  - g) Additionally, I authorize the Whatcom Family YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, my experience and prior employment. You, or your representatives may make inquiries or requests, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that 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.
  - h) I swear all statements in this application are true and correct and if any information submistted is false it shall be cause for dismissal. I have been advised that you may cause an investigative report to be prepared on all information contained herein, and I hereby consent thereto. I understand permanent employment may be contingent upon receipt of Alien Registration Number, verification of date of birth and any other pertinent information bearing upon my continued employment. I have been advised and understand I have the right to request a disclosure in writing of the nature and scope of the investigation.

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