



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Application For Employment WHATCOM FAMILY YMCA

PERSONAL DATA

Name: _____ Date: _____
Last Name First Name Middle

Contact Phone: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Please list your addresses in the past five years:

Are you legally eligible for employment in the U.S.? Yes No Are you a veteran? Yes No
If yes, Date in Military: _____

Other names used during prior employment: _____

Have you ever been employed by the YMCA? Yes No

From: _____ To: _____ Position: _____ Location: _____

Are you at least 18 years of age? Yes No Date of Birth (only if under 18): _____

Program Interests?

___ Aquatics ___ School Age (K-5) Childcare ___ Early Learning (Birth-5yrs) ___ Camps ___ Teens
___ Custodial/Maintenance ___ Service Desk ___ Fitness ___ Youth Sports ___ Other

What interests you about the position for which you are currently applying? _____

What has prepared you for the position for which you are currently applying? _____

EDUCATION

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/Yr?	Degree Received
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

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

List courses you are taking: _____

EMPLOYMENT HISTORY

Please list all positions you have held, beginning with your most recent and including self-employment.

Employer #1

Company: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____ Description: _____

Name & Title of Supervisor: _____ Phone: _____

Employed (month & year): _____ From: _____ To: _____

Salary: _____ Start: _____ Last: _____

Reason for leaving: _____

Employer #2

Company: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____ Description: _____

Name & Title of Supervisor: _____ Phone: _____

Employed (month & year): _____ From: _____ To: _____

Salary: _____ Start: _____ Last: _____

Reason for leaving: _____

Employer #3

Company: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____ Description: _____

Name & Title of Supervisor: _____ Phone: _____

Employed (month & year): _____ From: _____ To: _____

Salary: _____ Start: _____ Last: _____

Reason for leaving: _____

Type of Employment & Certifications Held

Type of employment desired: Full Time Part Time Substitute/On Call

Dates available to work (state date): _____

End date (if necessary): Minimum: Maximum: _____

Schedule: Please list your class schedule, other job hours, and any other obligations you may have:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
_____	_____	_____	_____	_____	_____

Please list any certification, licenses or specialized skills that pertain to the position (provide expiration dates if any.):

Certification & Expiration Dates (required)

_____ First Aid	Expires: _____
_____ CPR (Adult/Child/Infant)	Expires: _____
_____ Life Guard	Expires: _____
_____ NEG TB Test	Date: _____
_____ Star 20-hour Basic Trng	Received: _____
_____ Commercial Driver's Lic.	Expires: _____
_____ Teaching	Expires: _____

Years of Experience with children: _____ YMCA Certificates _____

Other Specialized Skills/Training: _____

VOLUNTEERING

Volunteer Work/Membership in Professional or Civic Organizations Related to this Position.

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	Date (from mm/yy to mm/yy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING

Please furnish this information only if applying for a position involving driving a YMCA-owned or lease 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? Yes No State Issued: _____

How many years of licensed driving experience do you have?

Less than 2 years 3 years 4 years or more

What driving violations have you had in the last 5 years? _____

CONVICTION RECORD: Read Carefully

The YMCA checks conviction records of all applicants for employment.

A conviction does not necessarily mean that the YMCA will reject your application. We consider the nature of the offense, your age at the time, how long ago the offense occurred and the position for which are applying, among other factors. However, a false answer to this question may disqualify you from further consideration or result in your termination for falsifying your application. Some positions may be rejected due to DEL standards.

This question covers all crimes, including traffic offenses, except those traffic violations for which there was no final conviction (for example, you took a defensive driving course) or a fine of less than \$100 was paid.

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 years? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

If Yes, to any questions, describe in full: _____

REFERENCES

Professional/Civic #1

Name: _____ Phone: _____

Home/Company Address: _____

City: _____ State: _____ Zip: _____

How Long Known?: _____ Has this person agreed to provide a reference?: _____

Professional/Civic #2

Name: _____ Phone: _____

Home/Company Address: _____

City: _____ State: _____ Zip: _____

How Long Known?: _____ Has this person agreed to provide a reference?: _____

Personal #1

Name: _____ Phone: _____

Home/Company Address: _____

City: _____ State: _____ Zip: _____

How Long Known?: _____ Has this person agreed to provide a reference?: _____

Personal #2

Name: _____ Phone: _____

Home/Company Address: _____

City: _____ State: _____ Zip: _____

How Long Known?: _____ Has this person agreed to provide a reference?: _____

Family Member #1

Name: _____ Phone: _____

Home/Company Address: _____

City: _____ State: _____ Zip: _____

How Long Known?: _____ Has this person agreed to provide a reference?: _____

YMCA STAFF CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers and program participants during a YMCA program at no time may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff should never leave a child unsupervised.
3. Staff shall not abuse children including:
 - Physical abuse - to strike, spank, shake, slap;
 - Verbal abuse - to humiliate, degrade, threaten;
 - Sexual abuse - to inappropriately touch or speak;
 - Mental abuse - to shame, withhold kindness, be cruel;
 - Neglect abuse - to withhold food, water, basic careNo type of abuse will be tolerated and may be cause for immediate dismissal.
4. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
5. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion or culture.
6. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
7. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and staff.
8. Staff must appear clean, neat and appropriately attired.
9. Using, possessing, or being under the influence of alcohol or drugs during working hours is prohibited.
10. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
11. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents is prohibited.
12. Staff must be able to physically and psychologically able to safely work with children.
13. Staff will portray a positive role model for youth by maintaining an attitude of and act in a caring, honest, respectful and responsible manner.
14. Staff may not be alone with children they meet in the YMCA programs outside of the YMCA. This includes babysitting, sleep overs, and inviting children home. Any exceptions require a written explanation before the fact and are subject to supervisor approval.
15. Staff are not to transport children in their own vehicles.
16. Staff may not date program participants under the age of 18 years of age.
17. Under no circumstances should staff release children to anyone other than the authorized parent, guardian or other persons authorized by the parent or guardian (written parent authorization on the file with the YMCA).
18. Staff are required to read and sign all policies related to identifying, documenting and reporting child abuse and attend trainings on the subject, as instructed by supervisor.

I understand that any violation of this Code of Conduct may result in termination.

Employee/Applicant Signature: _____ Date: _____

CONDITIONS OF EMPLOYMENT

Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please initial each of the statements below.

I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.

I understand that I can withdraw from the application process at any time.

I understand that I will need to submit proof of citizenship or U.S. Work permit.

I understand that I will need to meet minimum age requirements of applicable laws and submit proof of age, if required.

I understand that I will need to meet attendance and performance requirements and conform to other policies of the Whatcom Family YMCA.

I understand that the Y may require any or all of its employees to be drug tested to assure compliance with our Drug and Alcohol Free Workplace Policy.

I authorize the Whatcom Family YMCA to request my employment record from any former employer(s). I further understand that inquires 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.

I acknowledges it is the policy of the Whatcom Family YMCA to deny employment to any individual registered as a sex offender.

Signature of Applicant: _____ Date: _____