

South Sound YMCA Application For Employment

An Equal Opportunity/Affirmative Action Employer



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Qualified candidates are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, disability, or other protected status. The South Sound YMCA is committed to comply with all applicable equal opportunity laws. Please contact the Payroll Department at 360.753.6576 should you need assistance with the application process.

Personal			
Last Name	First Name	Middle Name	Today's Date
Street Address			Home Phone
City	State	Zip	Cell Phone
Have you ever been <u>employed</u> by the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever <u>volunteered</u> for the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: ___/___/___ To: ___/___/___ Location: _____		From: ___/___/___ To: ___/___/___ Location: _____	
Position Desired			Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
List relatives working for the YMCA to avoid potential conflicts in placement			Referred by (newspaper, agency, employee, etc.)?
Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute/On-Call			When will you be able to begin work?
Have you been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record) or released from prison in the past seven years. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full. (A conviction record will not necessarily bar you from employment.)			

Education				
School	Name & Location of School	Years Completed	Did You Graduate?	Degree Or Diploma/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Vocational, Technical, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military	
Complete this section if you served in the United States Armed Forces	
Describe your duties & any special training: _____ _____ _____	Branch of Service:
	Period of activity From: ___/___/___ To: ___/___/___
	Rank at discharge:

Skills		
Certifications, Licenses & Specialized Skills (List only if related to job. Provide expiration dates, if any.)		
Certificates	YMCA Certificates	Office Skills
First Aid	_____	Typing: _____ Words Per Minute
CPR	_____	10-Key: _____ Words Per Minute
WSI	_____	Software (Please list) _____
Professional Licenses	_____	_____
Other	_____	Other Office Machines

Employment History

Start with present employer followed by most recent previous employers. Do not include volunteer work in this section.

Company	Phone Number
Address (Include city, state & zip code)	Employed (Month/Year) Start: ____/____ To: ____/____
Name & Title of Supervisor	Salary Starting: \$_____ Ending: \$_____
State Job Title and Describe Your Work	Reason for Leaving
Company	Phone Number
Address (Include city, state & zip code)	Employed (Month/Year) Start: ____/____ To: ____/____
Name & Title of Supervisor	Salary Starting: \$_____ Ending: \$_____
State Job Title and Describe Your Work	Reason for Leaving
Company	Phone Number
Address (Include city, state & zip code)	Employed (Month/Year) Start: ____/____ To: ____/____
Name & Title of Supervisor	Salary Starting: \$_____ Ending: \$_____
State Job Title and Describe Your Work	Reason for Leaving

Volunteer

Volunteer Work/Membership in Professional or Civic Organizations Related to this Position. (Exclude, if you wish, those that may disclose your race, color, religion or national origin.)

References

List Two Professional References (i.e. someone who has supervised you in an employment/volunteer situation) and One Character Reference.

Name	E-mail or Mailing Address	Contact Number	Occupation

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 licensed program. Background investigations include completion of criminal conviction and abuse/exploitation disclosure(s) and related records check(s). Additionally, previous work experience, academic history, certifications, professional licenses, etc. may be verified. Thumb printing at hire is required of all employees. If employed, I agree that employment at the YMCA is at-will and that either the YMCA or I may terminate the relationship at any time with or without cause or notice. This at-will employment relationship can only be altered in writing signed by the CEO and me.

If employed, I understand that I must furnish proof of my identity and legal right to work in the U.S. in compliance with the Immigration Reform and Control Act of 1986.

I further understand that, if I am employed, I am required to abide by all policies and procedures of the South Sound YMCA.

Applicants Signature: _____

Date: ____/____/____

South Sound YMCA Criminal & Abuse Disclosure



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At employment or engagement of any applicant as an employee or volunteer in any activity involving children under 16 years of age, the South Sound YMCA will make inquiry regarding any and all matters referred to in this disclosure form. Before receipt of the official response thereto, any employment or engagement will be on a conditional basis only, pending completion of the background investigation by the Applicant Criminal History Review Board. Official records supplied in response to such inquiry will be used by the YMCA only for making the initial employment or engagement decision. There will be no further dissemination of such records. When such inquiry has been made and official response has been received by the YMCA, a copy of the response will be available to you within 10 days of such receipt.

Applicant Information

Full Name: _____

Any other name(s) applicant has used: _____ Phone Number: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of any of the following crimes? Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

Yes No

If yes, give name of each such crime and place and year of conviction:

Have you ever been found by a court in a civil action (including domestic relations and child dependency), to have physically or sexually abused or exploited any minor?

Yes No

If yes, give the place, year, and court in which such adjudication was made, and the name of the minor:

Have you ever been found by a disciplinary board to have physically or sexually abused or exploited any minor?

Yes No

If yes, give place and year of such finding, name of board and name of minor:

Under penalty of perjury, I swear or affirm that, to the best of my knowledge and belief, the information supplied by me in this disclosure is true, accurate, and complete.

Applicants Signature: _____ Date: ____/____/____

South Sound YMCA Applicant Release Form



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PLEASE READ BEFORE SIGNING

We appreciate your interest in a position with the South Sound YMCA. If you have questions about making the following statement, please ask the interviewer to explain.

Statement of Applicant

In the South Sound YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the South Sound YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health (where required by law), and I fully consent to and authorize all such inquiries.

In the event of my employment by the South Sound YMCA, 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 understand that my initial employment is contingent upon receipt of a report of a current physical examination if required by law, made of me by a licensed physician showing me to be in good health and free of contagious diseases. Additionally, I authorize the South Sound YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning me, my background experience and prior employment. Inquiries or requests may be made by you, or your representatives, 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 certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment, would be cause for termination of employment with the South Sound YMCA.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the South Sound YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS APPLICATION.

Name: _____ Date: ____/____/____

Signature: _____