

# YMCA OF FRANKFORT, KENTUCKY

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application
----------------------	---------------------

How Did You Learn About Us?

Advertisement

Friend

Inquiry

Employment Agency

Relative

Other \_\_\_\_\_

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	City	State	Zip Code
---------	------	-------	----------

Telephone Number Home: _____ Cell: _____ Best time to contact you: ____: ____ (am) (pm)	Email	Social Security Number
--	-------	------------------------

Have you ever been employed with us before? If Yes, give date \_\_\_\_\_  Yes  No

Do any of your friends or relatives work here?  Yes  No

If Yes, state name, relationship and location \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes  No

Date Available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full Time (hours \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Part Time (Morning Afternoon Evening)

Temporary (dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Have you ever been convicted of a felony, or within the past 10 years a misdemeanor which resulted in imprisonment?

(A conviction will not necessarily disqualify you for the position applied for.) \_\_\_\_\_

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest a kind of accommodation that you believe would be appropriate. \_\_\_\_\_

## EDUCATION

School:	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma/Degree
			1	2	3	4		
High School			1	2	3	4		
Undergraduate College			1	2	3	4		
Graduate/Professional			1	2	3	4		
Other (Specify)			1	2	3	4		

## WORK EXPERIENCE

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone #	<b>Hourly Rate/Salary</b>		
Present Job Title	<b>Starting</b>	<b>Final</b>	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone #	<b>Hourly Rate/Salary</b>		
Present Job Title	<b>Starting</b>	<b>Final</b>	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone #	<b>Hourly Rate/Salary</b>		
Present Job Title	<b>Starting</b>	<b>Final</b>	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.


Describe any specialized training, apprenticeship, skills or qualifications you feel would benefit you in working with the YMCA. (First Aid, CPR, Lifeguard, AFAA etc.) If applicable, please list any certification expiration dates.


**PERSONAL/PROFESSIONAL REFERENCES** *Include one family member and no past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
4.			

Name, address and phone number of person to be notified in case of an accident or emergency. \_\_\_\_\_

Relationship: \_\_\_\_\_

**CHILD CARE/CAMP APPLICANTS ONLY**

What particular habits, mannerisms, etc. have you noticed irritate you in dealing with children? \_\_\_\_\_

What technique would you use to discipline a child or a group of children? \_\_\_\_\_

What positive experiences are you expecting to have working with children at the YMCA? \_\_\_\_\_

What are your goals and philosophies with respect to child care/camp and child development? \_\_\_\_\_

What qualities in yourself do you feel would contribute to the overall success of a child care/camp program? \_\_\_\_\_

In what ways do you feel children can benefit from a child care/camp experience? \_\_\_\_\_

What formal education or experiences have you had relating to child development? \_\_\_\_\_

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information personal or otherwise, that may not be on their records.

I understand and authorize the YMCA to conduct a criminal background check with private, local, state, federal or international authorities.

I understand that misrepresentation or omission of the fact called for hereon may result in my dismissal from the association's service if employed. I further understand that if I am employed, my employment will be "at will" and either of us may terminate our work relationship at any time for any reason. I may be discharged at any time for my inability to adapt myself to the requirements and duties if employed.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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

\_\_\_\_\_  
Date