



Greater Wichita YMCA

Application for Employment (Equal Opportunity Employer)

We build strong kids, strong families, and strong communities.

(Please answer all questions completely)

Personal Information

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Date: _____

Are you at least 16 years of age? Yes No

Are you a veteran? Yes No Dates of Military Service From _____ To _____

Are you authorized to work in the United States? Yes No
(If hired, you will be required to furnish proof of your employment eligibility)

Other names used during prior employment _____

FURNISH THIS INFORMATION ONLY IF REQUESTED

Social Security Number _____ Driver's License Number _____

How many moving violations during the past 12 months? _____ State _____ Class _____

Do you currently have liability insurance? _____

General Information

Position Desired _____ Acceptable Salary Range _____

Full Time Part time Temporary Notice Required _____

YMCA Branch _____ Date Available _____

If applying for seasonal work, are you available for work during the school year? Yes No

Have you previously applied for employment with the YMCA? Yes No Worked for any YMCA? Yes No

If so, when? _____ Location _____

How were you referred to the YMCA? Employee Advertisement School Drop In Agency Other

Name of referral source indicated above _____

Have you ever plead guilty or "no contest" to or been convicted of a criminal offense? Yes No

If yes, give dates and circumstances _____

(Note: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

Is there any reason that you would be prevented from performing the essential functions of the job position for which you are applying with or without reasonable accommodations? Yes No

Have you ever failed to be re-employed, been involuntarily discharged, fired, or asked to resign a position?

Yes No If yes, give dates and circumstances _____

Education Information

	Print Name, City, & State for each school listed	Type of Course Major	Graduated?	Degree Received
High School				
College				
College				
Other				

Special Skills

Describe any volunteer work, other experience, training interest, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job you seek. _____

List any current special license(s), permit(s) certification(s) and level or credited hours. (CPR, lifeguard training, First Aid)

Type _____ Level _____ Expiration Date _____

List equipment, machinery, or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and years of experience _____

Employment List all positions you have held beginning with your most recent, including self-employment and volunteer work if necessary. Attach an additional sheet if necessary.

Current, or last employer _____ Employed from _____ to _____
Address _____ Salary (monthly) at start _____ to _____
City _____ ST _____ Zip _____ Phone _____ Your Title _____
Name of Immediate Supervisor _____ Supervisor's Title _____

List major duties of this position _____

Any supervisory experience? Yes No If yes, describe _____

Reason(s) for terminating or considering a change _____

May we contact this employer while we are considering your application? Yes No

Employer _____ Employed from _____ to _____
Address _____ Salary (monthly) at start _____ to _____
City _____ ST _____ Zip _____ Phone _____ Your Title _____
Name of Immediate Supervisor _____ Supervisor's Title _____

List major duties of this position _____

Any supervisory experience? Yes No If yes, describe _____

Reason(s) for terminating or considering a change _____

May we contact this employer while we are considering your application? Yes No

Employer _____ Employed from _____ to _____
Address _____ Salary (monthly) at start _____ to _____
City _____ ST _____ Zip _____ Phone _____ Your Title _____
Name of Immediate Supervisor _____ Supervisor's Title _____

List major duties of this position _____

Any supervisory experience? Yes No If yes, describe _____

Reason(s) for terminating or considering a change _____

May we contact this employer while we are considering your application? Yes No

Personal References *** Not relatives or employers**

Name	Address/Phone Number	Firm Name, Address/Phone Number	Position/Occupation	Time Known

List the names of relatives, friends, or acquaintances employed by this association and their relationship to you _____

Additional Employment History List all positions (voluntary or otherwise including those listed above) where you Have experience in caring for children.

Name of employer/organization _____

Reference name _____ Telephone _____
Employed/Associated with from _____ to _____
Description of Children: Number _____ Age Group _____ Male [] Female []
Briefly describe your responsibilities _____

Name of employer/organization _____
Reference name _____ Telephone _____
Employed/Associated with from _____ to _____
Description of Children: Number _____ Age Group _____ Male [] Female []
Briefly describe your responsibilities _____

Name of employer/organization _____
Reference name _____ Telephone _____
Employed/Associated with from _____ to _____
Description of Children: Number _____ Age Group _____ Male [] Female []
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Name of employer/organization _____
Reference name _____ Telephone _____
Employed/Associated with from _____ to _____
Description of Children: Number _____ Age Group _____ Male [] Female []
Briefly describe your responsibilities _____

List all other cities, counties, and states where you have lived/worked:

City	County	State	Number of Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What other business or personal experiences have you had that may have prepared you for this position? _____

Describe non-employment activities you have been engaged in that might strengthen your application: _____

List any sports or hobbies in which you have participated (past and/or present): _____

How would you describe yourself? _____



Attachment 1 (to be signed by employee/applicant before report is ordered)
(This form must be completed for applicants that have lived out of state in the past 3 years.)

Use of Consumer Report Disclosure and Consent

Greater Wichita YMCA has informed me that it may utilize the services of a consumer reporting agency (background check company) as a resource in making employment-related decisions about hiring, promotion or retention of its workforce.

I understand a consumer reporting agency's investigation may include obtaining information regarding my criminal background, references, character, past employment, work habits, education, general reputation, personal characteristics, judgment, and motor vehicle record.

I also understand that before an adverse decision about my employment is made based in whole or part on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify **Greater Wichita YMCA** within two days of my receipt of the report. If I notify **Greater Wichita YMCA** within two days of the receipt of the report that I am challenging information in the report, **Greater Wichita YMCA** will not make a final decision on my employment status until after I address the information contained in the report.

I hereby consent to such investigations and authorize **Greater Wichita YMCA** to procure reports on my background as stated above from a consumer reporting agency for as long as I remain an employee of **Greater Wichita YMCA**.

(Signature of applicant/employee)

(Date)