



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

## LAPORTE COUNTY FAMILY YMCA EMPLOYMENT APPLICATION

### Thank you for your interest in the YMCA!

**This position supports the work of the Y, a leading nonprofit, charitable organization committed to strengthening community through youth development, healthy living and social responsibility. The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.**

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

### Personal Information

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred YMCA Location:  LaPorte  Michigan City  Long Beach  Child Care Learning Center

Date Available: \_\_\_\_\_ Notice Required: \_\_\_\_\_ Acceptable Salary Range: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State ZIP

Previous Address: \_\_\_\_\_  
Street City State ZIP

Telephone: Home \_\_\_\_/\_\_\_\_/\_\_\_\_ Business \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile \_\_\_\_/\_\_\_\_/\_\_\_\_

List Other Cities, Counties, and States Where You Have Lived or Worked?

\_\_\_\_\_  
City/County/State # Years City/County/State # Years

\_\_\_\_\_  
City/County/State # Years City/County/State # Years

Other Names Used During Employment: \_\_\_\_\_

Are you 18 years of age or older? (If not, you may be required to provide work authorization.)  **Yes**

**No**

Are you a Veteran?  **Yes**

If Yes, Dates of Military Service: \_\_\_\_\_  **No**

If hired, can you provide verification of your legal right to work in the United States?  **Yes**

**No**

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  **Yes**

**No**

## Employment Application

**Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.**

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

**Note to Ys: Modify above statement as necessary to fit your practices.**

## Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status:  Full-time  Part-time  Seasonal  As Needed

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

Have you previously been employed by this YMCA or any other YMCA?  Yes  No

If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA?  Yes  No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA?  Yes  No

If yes, name(s) and relationship:

Have you ever pleaded guilty to, or been convicted of a criminal offense?  Yes  No

If yes, give circumstances:

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position?  Yes  No

If yes, give circumstances:

How did you hear about this opening?  YMCA staff referral  YMCA member  
 School \_\_\_\_\_  Advertisement  
 Walk-in \_\_\_\_\_  Other \_\_\_\_\_  
 Website \_\_\_\_\_

Name of referral source:

## Education & Training

### Educational Background

Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

## Employment Application

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

### Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

### Employment History

List all previous employment during the past ten years starting with the most recent. Use additional sheets if needed.

Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor and Title	Reason for Leaving		
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor and Title	Reason for Leaving		
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor and Title	Reason for Leaving		
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate Supervisor and Title	Reason for Leaving		

**Employment Application**

What other business experience, personal experience or training have you had that may have prepared you for this position?

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**Personal References** **Do not list relatives or past employers.**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Alternate #:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Alternate #:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Alternate #:

### The YMCA's Position on the Nation-Wide Problem of Child Abuse

THE YMCA ENDORSES AND ENFORCES ITS POLICIES AND PRACTICES TO PREVENT CHILD ABUSE

Our first priority in all youth programs is care and safety. We make an active and we believe effective effort to prevent child abuse, verbal, physical, emotional, and sexual.

The YMCA goals are:

- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support, and care.

Allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and the YMCA will fully cooperate with any related investigations and will pursue the prosecution of the child abusers to its full extent under the laws of this State.

All candidates will be subject to a thorough background investigation to screen out molesters including, but not limited to checking the following:

- References of past employers
- Personal references
- Military records
- Volunteer or organizational history
- Civic involvement
- Criminal background
- Personal characteristics/activities
- Psychological testing

### Staff Code of Ethics

1. Staff will not verbally, physically, emotionally, or sexually abuse a child.
2. Staff will not be alone with children except with prior approval or in an emergency.
3. Staff will not use profanity in the presence of children, parents, or other participants.
4. Staff will not display intimate affection towards others in the presence of children, parents or other participants.
5. Staff will not accept expensive gifts or money from children, parents, or other participants
6. Staff/volunteers will not socialize, associate, or provide services (such as babysitting, private lessons, etc.) for program participants under the age of 18 years outside of YMCA activities.
7. Staff will report any suspected abuse or neglect to the Indiana Department of Children and Family and law enforcement agencies, as required by Indiana Law
8. Staff will, at all times, portray a positive role model for children and youth by demonstrating respect, loyalty, patience, courtesy, tact, and maturity.
9. Staff will treat all children, regardless of age, race, religion, ethnicity, gender, or disability with respect, compassion, and kindness.
10. Staff will use only positive techniques of guidance and discipline, such as anticipation and prevention of potential problems, positive reinforcement and encouragement, and redirection.
11. Staff will never leave a child unsupervised.
12. Staff will appear clean, neat, and appropriately dressed.
13. Staff will not attend work with physical or psychological conditions that might adversely affect children's health and safety.
14. Staff will not use tobacco products during working hours in the presence of children or parents.
15. Staff will not use, possess, or be under the influence of alcohol or illegal drugs during working hours.

**Drug-Free Work Place Policy**

At the YMCA the safety of our employees is a matter of paramount concern. By maintaining high standards of conduct for its employees, the YMCA can promote a safe and secure work environment necessary to produce a quality and reliable experience for our members, guests and program participants.

The YMCA recognizes that individuals who use illicit drugs and alcohol are significantly more likely to sustain work place accidents, be off work for larger amounts of time, perform their jobs in substandard manners, and expose other members of the work force as well as members of the general public to increased risk of injury and harm.

The YMCA intends to maintain a drug-free and alcohol-free work place by prohibiting the illegal possession, use, sale, distribution, dispensing, transferring, or manufacturing of a controlled substance by its employees while at work, or to continue working if the employee possesses or has the presence of controlled substances or alcohol in their system.

Employees, their possessions, lockers, containers, automobiles, purses, briefcases, and clothing are subject to random search and surveillance at all times while on YMCA premises or while conducting YMCA business. Any employee who refuses to submit to a search when reasonably requested will be discharged from employment.

All employees of the YMCA will be required to undergo blood or urine testing for presence of drugs or alcohol. The testing will be done on an unannounced, random basis, as determined by the YMCA in its sole discretion. Any employee who refused to take a test when reasonably requested shall be discharged from employment.

We also require, if necessary, a fitness-for-duty medical evaluation any time an employee, by their actions or behavior, gives the company reasonable suspicion that they have violated the Drug-Free Workplace Policy or at any time an employee suffers a work related injury that requires medical attention unless the circumstances of the injury clearly indicate that the employee's conduct would not have been a causative factor. Any employee who refuses to submit to a test when reasonably requested will be discharged from employment.

Under the testing procedures, any employee who receives a positive test result will be discharged from employment. The positive cut-off levels for purposes of this policy will be those propagated by the US Department of Labor for Truck Drivers involved in interstate commerce.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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DATE \_\_\_\_\_

We are considering the below named individual for employment with the LaPorte County Family YMCA. It is requested that the name of the applicant be searched through the records of your department for any arrest record; traffic and/or criminal. Please note information below and return to the La Porte County Family YMCA by mail or to the staff requesting the information. All information obtained through this request will be kept confidential.

\_\_\_\_\_  
LAST NAME (Please Print)

\_\_\_\_\_  
MAIDEN NAME (Please Print)

\_\_\_\_\_  
FIRST NAME (Please Print)

\_\_\_\_\_  
MIDDLE NAME (Please Print)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH (MM-DD-YYYY)

I hereby authorize and give my consent to the release of my criminal and/or traffic record to any and all City, County and State Police and Sherriff's Departments to the La Porte County Family YMCA as may be required for the purpose of employment.

I hereby waive, release, and surrender any and all rights to claims which I have against the City, County or State mentioned above, or any of its officers or employees as a result of the release of such records.

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

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is under age 18)

\_\_\_\_\_  
Witness (Authorized YMCA Staff Signature)

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RECORDS CHECK COMPLETED BY:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

RESULTS: \_\_\_\_\_