



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

**Kearney Family YMCA
4500 6th Ave
Kearney, NE 68845**

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

PERSONAL INFORMATION

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|
| NAME: Please PRINT or TYPE | Social Security Number | Phone Number |
| ADDRESS: Street Number and Name, | Email Address | |
| City, State, Zip Code | Number of years at current address: | Are you over 19? YES NO |
| Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) | | |
| YES NO If yes, please explain (A conviction will not necessarily disqualify you): | | |
| Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: | | |

Check all positions you are applying for:

- Membership Services
- Family Center
- GroupEx Instructor
- Fitness Center
- Personal Trainer
- Housekeeping/Maintenance
- Youth/Adult Programs
- Lifeguard
- Swim Lesson Instructor
- Child Care/Preschool
- Other

Date Available _____

Salary Desired _____

Are you interested in Full-time or Part-time _____

How many hours week would you like to be scheduled _____

Are you presently employed? _____ If so, may we contact your present employer? _____

PLEASE LIST THE HOURS YOU ARE AVAILABLE TO WORK

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

EDUCATION AND TRAINING

| School Name & Location | Number of Years Completed | Graduated? | | What Degree? | Major/Minor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|----|--------------|-------------|
| High School: | | Yes | No | | |
| College/University | | | | | |
| College/University | | | | | |
| Highest Degree Earned (<i>Only circle one</i>) High School Associate Bachelor Masters Doctorate | | | | | |
| Additional education, vocational, and/or professional information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiar with another language, please describe your foreign language skills below. | | | | | |
| Professional memberships, certificats, or licenses held. Please exlude those indicated race, color, religion, sesx, sexual orientation, national origin, age, physical or mental disability, or labor organization affiliations, Supplement this information by written attachment if applicable. | | | | | |

COMPUTER SKILLS

Have you used the following:

Fax Machine _____ Printer _____ Scanner _____ Microsoft Products _____ Other _____

About how many words per minute do you type? _____

Please list any other relevant computer skills you may have: _____

U.S. MILITARY SERVICE DATA

| | |
|----------------------------------------|--|
| Branch | |
| List special training or skills | |

PROFESSIONAL REFERENCE

(PROFESSIONAL OR WORK REFERENCE WE MAY CONTACT)

| Name | Relationship | Area Code | Phone |
|------|--------------|-----------|-------|
| | | | |
| | | | |
| | | | |

PERSONAL/ FAMILY REFERENCE

(PERSONAL REFERENCES WE MAY CONTACT. INCLUDE ATLEAST ONE FAMILY MEMBER)

| Name | Relationship | Area Code | Phone |
|------|--------------|-----------|-------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT DATA

| PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST | | | PERSONNEL USE ONLY |
|------------------------------------------------------|-----------------|-------------------------------------------------|--------------------|
| Company Name Phone No. | | Dates of Employment From (M/Y): To (M/Y): | |
| Address (Include Street, City, State, Zip Code) | | | |
| Job Title-Start | Job Title-Final | Rate of Pay Start: Final: | |
| Supervisor (Name & Title) | | | |
| Description of Job Duties: | | | |
| Company Name Phone No. | | Dates of Employment From (M/Y): To (M/Y): | |
| Address (Include Street, City, State, Zip Code) | | | |
| Job Title-Start | Job Title-Final | Rate of Pay Start: Final: | |
| Supervisor (Name & Title) | | | |
| Description of Job Duties | | | |
| Company Name Phone No. | | Dates of Employment From (M/Y): To (M/Y): | |
| Address (Include Street, City, State, Zip Code) | | | |
| Job Title-Start | Job Title-Final | Rate of Pay Start: Final: | |
| Supervisor (Name & Title) | | | |
| Description of Job Duties | | | |
| Company Name Phone No. | | Dates of Employment From (M/Y): To (M/Y): | |
| Address (Include Street, City, State, Zip Code) | | | |
| Job Title-Start | Job Title-Final | Rate of Pay Start: Final: | |
| Supervisor (Name & Title) | | | |
| Description of Job Duties | | | |

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Company storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial

If I am employed by the Company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete, and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company.

Initial

I understand that it is the agency's policy to secure conviction criminal history information as part of the pre-employment screening process.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Signature of Applicant

Date

Interview Score

**All Applicants MUST fill
out the attached
background check!**

**IF YOU ARE UNDER 19
YEARS, THE STATE OF
NEBRASKA REQUIRES A
PARENT OR GUARDIAN
SIGNATURE ON THE
FORM.**



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____

Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____

(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

