



**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 <input type="checkbox"/> | Youth/Adult Programs <input type="checkbox"/> |
| Family Center <input type="checkbox"/> | Lifeguard <input type="checkbox"/> |
| GroupEx Instructor <input type="checkbox"/> | Swim Lesson Instructor <input type="checkbox"/> |
| Fitness Center <input type="checkbox"/> | Child Care/Preschool <input type="checkbox"/> |
| Personal Trainer <input type="checkbox"/> | Other <input type="checkbox"/> |
| Housekeeping/Maintenance <input type="checkbox"/> | |

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

Complete if applying to work with Children

Name _____ Date _____

Last First Middle

Why do you want to work and care for children?

With what age group or sex do you prefer to work with? Why?

How would you describe yourself?

What other business or personal experiences or training 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):

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

City	County	State	Number of Years

List all other organizations or employers where you have experience in caring for children

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

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

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

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

WE MAKE AN ACTIVE EFFORT TO PREVENT CHILD ABUSE

Some examples may include, but are not limited to:

- A thorough background check, including but not limited to, criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character, and extra-curricular activities.
- The YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.
- Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.
- Programs are structured so that no staff member is left alone with children.
- Periodic interviews/evaluations are conducted with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.
- Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.
- Testing for illegal substances.
- Psychological testing.

The YMCA's goals for child care programs are:

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

**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.**



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx.

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
1304	Kearney Family YMCA

APPLICANT INFORMATION

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Current Address

--

City	State	Zip Code

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

--

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

--

Names and birthdates of your children and children who lived with you:

--

All previous addresses at which you have resided in the past 20 years (minimum City & State):

--



Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant

Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF Nebraska)
COUNTY OF Buffalo) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed Name of Applicant) .

Affix Official Notary seal here

Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee

Date

Printed Name of Organization Employee

Signature of Applicant's Legal Guardian

Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed name of Applicant's Legal Guardian)

Notary Public