



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

**Kearney Family YMCA  
4500 6<sup>th</sup> 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, sex, 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 complete a background check upon hiring.**

## **IF YOU ARE UNDER 19 YEARS OF AGE, THE STATE OF NEBRASKA REQUIRES:**

- A Notary's signature on the form provided by through the DHHS Background Check website.
- A parent or guardian signature on the notary form.

Background checks are now completed online. You will receive a email link from the DHHS (State of Nebraska) that must be completed before you can begin any shifts.

If you should have any questions or complications contact:  
Liz Cooley (ecooley@kearneyymca.org)