



# EMPLOYMENT APPLICATION

KEARNEY FAMILY YMCA

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

Last Name		First Name		Middle Initial
Birthdate		Age:	Gender	
Phone Number (    )		Email Address		
Address		City	State	Zip Code

Do you currently have any restrictions that might limit your ability to perform certain tasks? (Lifting, pushing, standing, etc.)  
Yes  No  Describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need.

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 briefly explain in the space below (A conviction will not necessarily disqualify you.):

## EMPLOYMENT AREAS OF INTEREST

Please check all of the following areas that you are interested in applying in.

Date Available: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Full-Time or Part-Time \_\_\_\_\_

How many hours per week would you like to be scheduled? \_\_\_\_\_

Membership Services (Welcome Center & Fitness Center)  
 Youth / Adult Programs  
 Family Center  
 Birthday Parties  
 Lifeguard (Certification Required)  
 Swim Lessons Instructor  
 Group Ex. Instructor  
 Personal Trainer (Certification Required)  
 Healthy Living Instructor  
 Child Care / Preschool  
 After School Program  
 Facilities / Housekeeping  
 Other: \_\_\_\_\_

### PLEASE LIST THE HOURS YOU ARE AVAILABLE TO WORK

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
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**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.

### EDUCATION AND TRAINING

	Number of Years Completed	Graduated?		What Degree?	Major / Minor
		Yes	No		
High School:					
College University:					
College University:					
<b>Highest Degree earned (Circle One):</b>	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, certificates or licenses held. Please exclude those indicated race, color, religion, 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: \_\_\_\_\_ Printer: \_\_\_\_\_ Scanner: \_\_\_\_\_ Microsoft Products: \_\_\_\_\_ Other: \_\_\_\_\_

About how many words per minute do you type? \_\_\_\_\_

### U.S. MILITARY SERVICE DATA

Branch \_\_\_\_\_

List special training or skills \_\_\_\_\_

### PROFESSIONAL REFERENCES

Please provide professional or work references that we may contact.

1	Name _____	Relationship _____	Phone _____
	Email _____		
2	Name _____	Relationship _____	Phone _____
	Email _____		
3	Name _____	Relationship _____	Phone _____
	Email _____		

### PERSONAL / FAMILY REFERENCES

Please provide personal references we may contact. Include at least ONE family member.

1	Name _____	Relationship _____	Phone _____
	Email _____		
2	Name _____	Relationship _____	Phone _____
	Email _____		
3	Name _____	Relationship _____	Phone _____
	Email _____		

## EMPLOYMENT DATA

Please list in order of most recent employment first.

1

Company Name:

Phone Number:

Dates of Employment

From (MM/YY)

To (MM/YY)

Address (Include Street, City, State, Zip Code)

Job Title Final

Rate of Pay

Start:

Final

Supervisor (Name & Title)

Description of Job Duties

2

Company Name:

Phone Number:

Dates of Employment

From (MM/YY)

To (MM/YY)

Address (Include Street, City, State, Zip Code)

Job Title Final

Rate of Pay

Start:

Final

Supervisor (Name & Title)

Description of Job Duties

3

Company Name:

Phone Number:

Dates of Employment

From (MM/YY)

To (MM/YY)

Address (Include Street, City, State, Zip Code)

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.

Initials

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.

Initials

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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.

Initials

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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.

Initials

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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.

Initials

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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.

Initials

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

Initials

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**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.**

Applicant Signature

Date

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# APPLICANT TAKES THIS PAGE



## All applicants must complete a background check upon hiring.

Background checks are now completed online.

You will receive an email link from DHHS (State of Nebraska) that **must** be completed prior to any shifts being scheduled or worked.

### When submitting your application please note:

- Managers hire per each department on spaces they have available.
- Make sure to remember what departments you applied for. That will help us provide a application status if you should call.
- Please allow 3-7 business days for your application to be reviewed.
- Applications are held on file for up to 6 months after being submitted. Before we begin hiring, we typically go through the previous applicants.

If you should have any questions or complications contact our Business Operations Manager, Liz Cooley (ecooley@kearneymca.org).