

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:					
Highest Degree earned (Circle One):	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

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

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

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

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

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

Initials

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

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 their needs.
- Make sure to remember what departments you applied for, so if you call you can ask for those specific department managers.
- 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@kearneyymca.org).