



**YMCA OF GREATER WILLIAMSON COUNTY**  
**APPLICATION FOR EMPLOYMENT**  
 (EQUAL OPPORTUNITY EMPLOYER)

**PLEASE READ BEFORE COMPLETING THIS APPLICATION**

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, veteran status, or any other factor protected by federal, state, and/or local law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_  
last first middle

Address \_\_\_\_\_ Telephone (Day) \_\_\_\_\_  
street city zip

Email address \_\_\_\_\_ (Evening) \_\_\_\_\_

Are you 18 years of age or over?  Yes  No

Are you authorized to work in the United States?  Yes  No  
 (If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used during prior employment (maiden name, other surnames) \_\_\_\_\_

**GENERAL**

Applying for position as \_\_\_\_\_ Acceptable Salary Range \_\_\_\_\_

Full-time  Part-time  Temporary Notice Required \_\_\_\_\_

At which YMCA Branch? \_\_\_\_\_ Date Available \_\_\_\_\_

Have you previously applied for employment at any YMCA?  Yes  No

Worked for any YMCA?  Yes  No If so, when? \_\_\_\_\_ Location \_\_\_\_\_

Were you eligible for the YMCA Retirement Fund?  Yes  No

How were you referred to the YMCA?  Employee  Advertisement  School  Drop in  Agency  Other

Name of referral source indicated above \_\_\_\_\_

Do you have any relatives that work for the YMCA? If so, who? \_\_\_\_\_

What is his or her relationship to you? \_\_\_\_\_

**CRIMINAL CONVICTION RECORD**

**READ CAREFULLY**

The YMCA checks criminal conviction records of **all** volunteers and applicants for employment.

A conviction does not necessarily mean that the YMCA will reject your application. We consider the nature of the offense, your age at the time, when the offense occurred, and the position for which you are applying, among other factors. However, a false answer to this question may disqualify you from further consideration or may result in your termination for falsifying your application.

This question covers all crimes, **including traffic offenses**, except those traffic violations for which there was no final conviction (for example, you took a defensive driving course) or a fine of less than \$100 was paid.

**Have you ever been convicted of, pled guilty to, or pled "no contest" to any criminal offense?**  Yes  No

**If yes, give dates, circumstances, and nature of offense.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT****List all positions you have held, beginning with your most recent. Include self-employment and volunteer work.**

Current or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of your direct supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Briefly describe your responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Did you work with children in this position?  Yes  No If yes, please give description of children:

Number of children \_\_\_\_\_ Age group \_\_\_\_\_ Sex:  Male  Female  Both

Did you supervise staff in this position?  Yes  No If yes, describe: \_\_\_\_\_

Reason(s) for terminating or considering job change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application?  Yes  No

Current or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of your direct supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Briefly describe your responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Did you work with children in this position?  Yes  No If yes, please give description of children:

Number of children \_\_\_\_\_ Age group \_\_\_\_\_ Sex:  Male  Female  Both

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Name of your direct supervisor \_\_\_\_\_ Your title \_\_\_\_\_  
Briefly describe your responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Did you work with children in this position?  Yes  No If yes, please give description of children:

Number of children \_\_\_\_\_ Age group \_\_\_\_\_ Sex:  Male  Female  Both

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Reason(s) for terminating or considering job change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application?  Yes  No

**OTHER EMPLOYMENTS NOT LISTED**

Employer / Location	Supervisor	Title	Dates of Employment

Give dates and explanation of any gaps in your employment history: \_\_\_\_\_

EDUCATION	Print name, city, & state	Number of years attended	Type of course/major	Graduated?	Degree Received
High School					
College					
College					
Trade, Bus., Night, Corres.					
Other					

Are you presently in school?  Yes  No If yes, give expected completion date: \_\_\_\_\_

Are you in a co-op program?  Yes  No List courses you are taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not a high school graduate, indicate highest grade completed: \_\_\_\_\_

If not a high school graduate, have you earned a GED or high school equivalency?  Yes  No

**SPECIAL SKILLS**

Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organizations that you consider relevant to your ability to perform the job sought.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all current special license(s), permit(s), certification(s), and level or credited hours (CPR, Lifeguard, First Aid, etc.)

Type	Level	Expiration Date

List equipment, machinery, or special skills related to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE YMCA'S POSITION ON THE NATIONWIDE PROBLEM OF CHILD ABUSE**

**THE YMCA ENDORSES AND ENFORCES ITS POLICIES AND PRACTICES TO PREVENT CHILD ABUSE**

Our first priority in all youth programs is care and safety. We make an active and, we believe, effective effort to prevent child abuse—verbal, physical, emotional, and sexual.

**The YMCA goals are**

- To support and strengthen the family unit;
- To help children develop to their fullest potential; and
- To deliver programs in a positive YMCA environment of safety, support, and care.

Allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation, and the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent under the laws of the State.

All candidates will be subject to a thorough background investigation to screen out molesters, which may include but is not limited to checking the following:

- References of past employers
- Personal references
- Military records
- Periodic interviews with children and parents about day-to-day experiences, encouraging reports of anything out of the ordinary
- Civic involvement
- Criminal background history
- Personal characteristics/activities
- Psychological testing
- Criminal background history
- Volunteer organization history

**I have read and understand "The YMCA's Position on the Nationwide Problem of Child Abuse."**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMPLETE IF APPLYING TO WORK WITH CHILDREN**

Why do you want to work with and care for children? \_\_\_\_\_  
\_\_\_\_\_

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

What is your philosophy about discipline? \_\_\_\_\_  
\_\_\_\_\_

What do you do when you are upset or angry about something? \_\_\_\_\_  
\_\_\_\_\_

Are you a pedophile or child abuser?  Yes  No

Have you ever been accused of being a pedophile or child abuser?  Yes  No If Yes, please explain.

Other than through employment, how are you involved with children? \_\_\_\_\_  
\_\_\_\_\_

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

GREATEST STRENGTHS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

MOST DIFFICULT PROBLEMS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**REFERENCES**

Complete all information requested below for 4 professional and/or personal references who are at least 21 years of age.  
**Relatives may not be used as personal references.**

Name and Home Address	Occupation	Phone Numbers	Known in what capacity? (supervisor, friend, pastor)	Known for how long?
		Day: _____ Eve: _____		

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the YMCA, its affiliates, and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include but is not limited to verification of previous employment and employment references; verification of education, including requests for transcripts; credit reports; motor vehicle driving records; and criminal reports. I hereby release from all liability or responsibility all persons, companies, organizations, or corporations furnishing such information to the YMCA.

I also understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment or, if employed, dismissal without advance notice.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies, and other organizations named in this application to provide the YMCA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. In the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment, and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

**In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and I understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand, and support the YMCA's position on the problem of child abuse.**

**I understand that beginning and continuing employment at the YMCA depends, in part, on the following:**

- 1. Passing a drug screen and/or physical examination, if requested by the YMCA, to be given by a doctor, nurse, or facility selected by the YMCA**
- 2. Satisfying the YMCA's requirements concerning the following:**
  - My driving record**
  - My criminal history record**
  - Reference checks**
  - Documents required by law**
- 3. Meeting the licensing requirements of the Texas Department of Regulatory and Protective Services**

**I understand that as long as my employment with the YMCA lasts, the YMCA may repeat any and/or all of the above requirements at any time.**

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept the same as a condition of my employment with the YMCA.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date