



Denny Price Family YMCA

For Youth Development, Healthy Living, & Social Responsibility

Equal Opportunity Employer

PERSONAL

If applicable: Employee referring you: _____

NAME: LAST	FIRST	MIDDLE	Date
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE			
PERMANENT ADDRESS (if different from above)	CITY	STATE	ZIP CODE
PHONE			
If hired, can you submit proof that you are at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(You are subject to proof of minimum age under state law.)</i>			
Is additional information regarding change in name required to check your work, education, or other background? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, what name? _____			
Are you legally entitled to work within the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(The YMCA requires all applicants to present documentation of identity and eligibility for employment in the United States.)</i>			
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? Note: A conviction will not necessarily disqualify you. YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, please explain: _____ _____			

POSITION(S) APPLIED FOR:	DATE AVAILABLE	SALARY DESIRED
PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	REFERRAL SOURCE: Online <input type="checkbox"/> Advertisement <input type="checkbox"/> (Which publication?) _____ Friend/Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Other <input type="checkbox"/> : _____ _____	
If part-time, specify days and hours preferred: _____		
Have you previously applied for employment with this YMCA? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, when? _____		
Have you previously been employed by this YMCA? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, when? _____		
Names of relatives employed by the YMCA and their relationship to you: _____ _____		

EDUCATION

NAME AND LOCATION OF INSTITUTION	COURSE TAKEN OR MAJOR	DEGREE
High School:		
College / University:		
College / University:		

MILITARY RECORD

Were you in the U.S. Armed Forces? YES NO IF YES, what branch? _____

Dates of duty: _____ to _____ Rank at discharge: _____
Month Day Year Month Day Year

SPECIAL SKILLS

Typing Computer 10 key Photography Drawing Coaching Bi-lingual Other _____

Computer Software you work with: _____

Languages you are fluent in: _____

Please describe other special skills or abilities you have? _____

CERTIFICATIONS

List all certifications and licenses related to the position you desire. Include expiration dates:

EMPLOYMENT RECORD

Please complete in detail, starting with present employer. Account for all time during the last 10 years, or years you have actually worked, whichever is longer. Attach listing of additional positions if necessary.

Employer:	EMPLOYED From/To: BASE SALARY Starting: Last: Other Compensation:	Briefly describe your duties:
Address / City / State		
Position Held:		
Supervisor Name:		
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer Telephone Number:
Employer:	EMPLOYED From/To: BASE SALARY Starting: Last: Other Compensation:	Briefly describe your duties:
Address / City / State		
Position Held:		
Supervisor Name:		
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer Telephone Number:
Employer:	EMPLOYED From/To: BASE SALARY Starting: Last: Other Compensation:	Briefly describe your duties:
Address / City / State		
Position Held:		
Supervisor:		
Reason for leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer Telephone Number:

REFERENCES

<i>REFERENCES: List supervisors, family, and others familiar with your work or school achievements. One must be a family member.</i>			
	1	2	3
NAME			
RELATIONSHIP TO YOU			
COMPANY/SCHOOL			
EMAIL ADDRESS			
TELEPHONE NO.			
	1	2	3
NAME			
RELATIONSHIP TO YOU			
COMPANY/SCHOOL			
EMAIL ADDRESS			
TELEPHONE NO.			

May we contact all of these references? Yes No
If no, which ones may we contact: _____

Applicant's Certification & Agreement:

I hereby authorize the confidential release of my Employment and Criminal History Record to the Denny Price YMCA for the sole purpose of employment evaluation. I also understand that the YMCA is a drug and alcohol free workplace and, if given an offer of employment, it will be contingent upon a negative drug/alcohol test. I hereby give my consent to the YMCA, and any laboratory or health care provider designated by the YMCA to collect a sample from me at any time during my employment, for the sole purpose of determining the presence of drugs or alcohol. In consideration of employment, I agree to conform to the rules and policies of the YMCA and I understand that my employment may be terminated at any time, with or without cause or notice, at the option of the YMCA or myself. All of the information that I have provided herein is true and correct to the best of my knowledge. I acknowledge that any discrepancy in the information I have provided, may be grounds for termination of my employment at any time hereafter or not to be considered for the position.

Mission Statement

The Denny Price Family YMCA of Enid, Oklahoma is a Christian organization serving all people, as guided by the belief and principals set forth in the Holy Bible. The YMCA seeks to honor God by providing an outstanding facility, atmosphere, and programs that foster a positive change in spirit, mind, and body.

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

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 references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character and activities.
- 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.
- Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.

THE YMCA GOALS FOR CHILD CARE ARE:

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

THE DENNY PRICE FAMILY YMCA STRIVES TO PUT THE FOLLOWING VALUES INTO PRACTICE IN EVERYTHING THEY DO:

Caring: To be sensitive to the needs of others and go the extra mile.

Honesty: To tell the truth, have integrity and build trust.

Respect: To value the worth of every person and treat others as you would like to be treated.

Responsibility: To do what is right and be accountable for your behavior and your obligations.

I, _____, do hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, child molestation, pedophilia, or a related charge, against a child, as defined in the Oklahoma Statutes.

Furthermore, I am aware of the Oklahoma Statute which states that intentionally/willfully placing a child in a position of danger, with intent to commit harm to said child, or placing a child in a position of mistrust to include any sexual misconduct with a child, is punishable by law.

I also understand that the Administrative Staff of the YMCA is required to report any such misconduct to the proper authorities. Such misconduct will be grounds for immediate suspension and possible prosecution and termination.

Signed: _____ Date: _____

Witness: _____ Date: _____