

## YMCA OF EAST TENNESSEE

### 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 YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

#### PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. (   )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever pleaded guilty to, or been convicted of, a criminal offense (See Below)		
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give dates and explain: (A conviction will not necessarily disqualify you.)		
I understand that any and all continued employment with the YMCA of East Tennessee is dependent upon the results of my driving record, criminal history record, reference checks, drug testing and any other documents required is verified. _____ Initial		
<b>CONVICTIONS:</b> A conviction does not automatically mean you will not be offered the job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility/continued employment. Give all the facts, so that a fair decision can be made. _____ Initial		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From                      To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School   2. Associate   3. Bachelor   4. Master   5. Doctorate				Overall College Scholastic Average
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 familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating 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.				

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY		
Company Name	Phone No. (    )	Dates of Employment From (Mo/Yr)   To (Mo/Yr)				
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final				
Supervisor (Name & Title)						
Description of Job Duties						
Company Name	Phone No. (    )	Dates of Employment From (Mo/Yr)   To (Mo/Yr)				
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final				
Supervisor (Name & Title)						
Description of Job Duties						

## PERSONAL REFERENCES

\*Not relatives or employers

Name	Address	Area Code	Phone

### PLEASE READ CAREFULLY BEFORE SIGNING

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. I understand that falsification of this application in any detail is grounds for disqualification from further consideration of/or for dismissal from employment

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 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 understand as a condition of continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy.

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 for.

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

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

\_\_\_\_\_  
Date of Application

## Interest statement

Please write a brief statement as to why you want to work for YMCA Child Care Services.

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## Interest Survey

Please circle: 1-no interest 2-interest 3-experience 4-teaching knowledge

### Outdoors

Plants 1 2 3 4  
Animals 1 2 3 4  
Astronomy 1 2 3 4  
Geology 1 2 3 4  
Weather 1 2 3 4  
Gardening 1 2 3 4  
Nature games 1 2 3 4  
Recycling 1 2 3 4  
Other \_\_\_\_\_ 1 2 3 4

### Arts & Crafts

Clay & Sculpture 1 2 3 4  
Painting 1 2 3 4  
Drawing 1 2 3 4  
Photography 1 2 3 4  
General crafts 1 2 3 4  
Jewelry making 1 2 3 4  
Origami 1 2 3 4  
Plays & acting 1 2 3 4  
Other \_\_\_\_\_ 1 2 3 4

### Sports & Games

Aerobics 1 2 3 4  
Badminton 1 2 3 4  
Basketball 1 2 3 4  
Dancing 1 2 3 4  
Football 1 2 3 4  
Parachute play 1 2 3 4  
Running 1 2 3 4  
Softball 1 2 3 4  
Volleyball 1 2 3 4  
Soccer 1 2 3 4  
Game leading 1 2 3 4  
Other \_\_\_\_\_ 1 2 3 4

### Miscellaneous

Cooking 1 2 3 4  
Science experiments 1 2 3 4  
Songleading 1 2 3 4  
Storytelling 1 2 3 4  
Musical instruments \_\_\_\_\_ 1 2 3 4  
\_\_\_\_\_ 1 2 3 4  
Foreign language \_\_\_\_\_ 1 2 3 4  
\_\_\_\_\_ 1 2 3 4  
Other \_\_\_\_\_ 1 2 3 4

# EMERGENCY EMPLOYEE INFORMATION

EMPLOYEE: \_\_\_\_\_ Employee # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

## PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## REFERENCE QUESTIONNAIRE

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_

### CONFIDENTIAL

Your name was given as a reference by \_\_\_\_\_ who has applied for the position of childcare provider with the YMCA of East Tennessee. As a condition of employment, any applicant/employee must have on file a record of 3 reference contacts. Please complete the questionnaire and return it as soon as possible to the address listed below. A representative of the YMCA will be contacting you to confirm your statements. Thank you for your attention to this matter.

- 
1. How long have you known the applicant? \_\_\_\_ In what capacity? (Your relationship)  
\_\_\_\_\_
  2. Have you observed him/her with children? \_\_\_\_ If so, in what situations?  
\_\_\_\_\_
  3. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing daily childcare?  
\_\_\_\_\_  
\_\_\_\_\_
  4. What particular skills does he/she have in dealing with children?  
\_\_\_\_\_  
\_\_\_\_\_
  5. Does he/she understand the needs of young children?  
\_\_\_\_\_
  6. Do you have concerns about his/her ability to provide childcare?  
\_\_\_\_\_  
\_\_\_\_\_
  7. Do you know of any conditions making this applicant/employee unsuitable for employment in a childcare center? If so, please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  8. Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature

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Daytime phone number

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Date



REFERENCE QUESTIONNAIRE

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_

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\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Signature Daytime phone number Date



REFERENCE QUESTIONNAIRE

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_

CONFIDENTIAL

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\_\_\_\_\_

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\_\_\_\_\_  
Signature

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\_\_\_\_\_  
Daytime phone number

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\_\_\_\_\_  
Date

