

Date \_\_\_\_\_

Referred by: \_\_\_\_\_

# Stanly County Family YMCA Child Care / Youth Programs Employment Application

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_  
first middle int. last

Address: \_\_\_\_\_  
street city state zip code

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PLEASE CHECK DEPARTMENT FOR WHICH APPLICATION IS MADE:**

Afterschool program (K-5<sup>th</sup> grade) \_\_\_\_\_  
(Pavilion site \_\_\_\_\_ Millingport site \_\_\_\_\_ Running Creek School \_\_\_\_\_ Stanfield School \_\_\_\_\_)

Summer Camp (k-6<sup>th</sup> grade) \_\_\_\_\_  
(Pavilion site \_\_\_\_\_ Millingport site \_\_\_\_\_ Running Creek School \_\_\_\_\_)

Youth Programs \_\_\_\_\_

Minnie's Place/High 5 \_\_\_\_\_ (mornings \_\_\_\_\_ afternoons \_\_\_\_\_)

List experience working with children:

\_\_\_\_\_

\_\_\_\_\_

What traits would you use to describe your character:

\_\_\_\_\_

\_\_\_\_\_

In what types of activities are you involved or enjoy doing:

\_\_\_\_\_

\_\_\_\_\_

How do you plan to use your talents to enhance the lives of children:

\_\_\_\_\_

\_\_\_\_\_

The mission of the YMCA is "to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all". How does this mission apply to your life and how would you implement this in our daily programming?

\_\_\_\_\_

\_\_\_\_\_

### **Educational Background:**

Name/Location	Year Graduated	Degree
High School		
College		
Business or Technical		
Other		

## Employment Record:

**Present or most recent employer:** \_\_\_\_\_

Title/Duties: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ street city state zip code  
Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous employer:** \_\_\_\_\_

Title/Duties: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ street city state zip code  
Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous/present employers? \_\_\_\_\_

### References: *(please do not give names of family or spouses)*

Name	Address	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please initial if you are able to do the following:

\*lift or carry up to 40 lbs. \_\_\_\_\_ \*run/walk without aides \_\_\_\_\_

What date would you be available to begin work? \_\_\_\_\_

What hours and days are you available for part-time work? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain in detail on separate sheet.

\*\*\*YMCA standards require that employees in the child care department be at least 18 years old to work with a group without adult supervision. Are you at least 18 years of age? \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge; that any omission or misstatement of information is ground for dismissal in accordance with YMCA policy. I authorize any references listed to give YMCA personnel any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Stanly County Family YMCA or my employment and compensation can be terminated with or without notice, at any time, at the option of either the YMCA or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_