



## EXPERIENCE WITH GROUPS OF CHILDREN

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Have you ever attended/completed any child care training courses YES  NO   
If yes, please list:

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### PLEASE ATTACH DOCUMENTATION OF EXPERIENCE WORKING WITH CHILDREN

- Do you have a Criminal Record? YES  NO   
If yes, please explain:  

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- Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES  NO

**Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but *ONLY* if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at *ANY* time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.**

- Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? YES  NO   
If no, please explain:  

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- Do you have a valid driver's license? YES  NO   
If yes, give license number and class of license: \_\_\_\_\_  
If no, please explain: \_\_\_\_\_
- Have you had CPR training within the past two years? YES  NO   
If yes, give expiration date: \_\_\_\_\_
- Have you had first aid training within the past year? YES  NO   
If yes, give expiration date: \_\_\_\_\_
- Bright From the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES  NO
- Have you ever been suspended, discharged, or allowed to resign in lieu of discharge? YES  NO   
If yes, please explain:  

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- Are there any reasons why you could not carry out any of the work assignments for which you are making application? YES  NO   
If yes, please explain:  

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PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST 10 YEARS. If you have been unemployed during any time within the past ten years, list how you spent your time (e.g. student, housewife, unemployed, etc.) If you need additional space, please continue on the back or attach a separate sheet.

**Start with most recent employer**

<b>Employer</b>	<b>Phone</b>	<b>E-Mail</b>	<b>Dates Employed: From</b>	<b>To</b>
<b>Address</b>			<b>City, State, ZIP</b>	
<b>Duties:</b>			<b>Position:</b>	
<b>Reason For Leaving:</b>			<b>Supervisor's Name:</b> May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/> Starting salary/Wages: \$ Final salary/Wages: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	
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List the names of two persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name	Address	Business or School	Phone	Years acquainted
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Next of kin NOT residing with you: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE YMCA IS A DRUG-FREE WORKPLACE**

YMCA MISSION: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

# the **EMPLOYMENT**

**FOR YOUTH DEVELOPMENT**

**FOR HEALTHY LIVING**

**FOR SOCIAL RESPONSIBILITY**

Name \_\_\_\_\_ Date \_\_\_\_\_

Number of hours desired per week \_\_\_\_\_ Dept. \_\_\_\_\_

Please indicate below only the hours you are available to work:

<b>DAY</b>	<b>YMCA HOURS</b>	<b>24 HR FITNESS YES/NO</b>	<b>HOURS AVAILABLE TO WORK (Indicate between AM and PM)</b>	<b>SCHOOL SCHEDULE</b>
<b>MONDAY</b>	4:45 AM - 9:00 PM			
<b>TUESDAY</b>	4:45 AM - 9:00 PM			
<b>WEDNESDAY</b>	4:45 AM - 9:00 PM			
<b>THURSDAY</b>	4:45 AM - 9:00 PM			
<b>FRIDAY</b>	4:45 AM - 9:00 PM			
<b>SATURDAY</b>	7:45 AM - 7:00 PM			
<b>SUNDAY</b>	12:45 PM - 7:00 PM			

The information I have provided on this application is true and complete. I understand that if employed, any untrue statement or misrepresentation of fact on this application will be justification for dismissal without notice any time hereafter.

I understand that if employed, I am required to abide by all rules, regulations, and policies of the YMCA. I understand that an offer of employment is subject to my providing proof of work eligibility, as required by law.

I hereby authorize that a routine investigation may be made concerning my work experience, character, and general reputation.

I hereby consent to the duly authorized representative(s) of the YMCA to contact any of my former employers, any of the educational institutions which I have attended, and any other person or organization I have listed which might have information relevant to my application for employment here. I further consent without further notice to those persons or organizations divulging relevant information to the YMCA notwithstanding that it might otherwise be confidential. I understand that any information obtained by the YMCA in the course of those contacts will be treated in confidence.

I understand that if I am employed, my employment is not for a specific period and may be terminated at will by either myself or the YMCA at any time without notice and with or without cause. I acknowledge that no other representations concerning the term or nature of my employment have been made to, or relied on by me.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT, AND I UNDERSTAND ITS CONTENT AND SIGNIFICANCE.

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

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 INTERVIEWED BY: \_\_\_\_\_ DAY/DATE: \_\_\_\_\_