

ANAHEIM FAMILY YMCA

The Department of Fair Employment & Housing and the Equal Employment Opportunity Commission request applicant data outlined below. This voluntary information will not be used for consideration in any position nor will it be used to discriminate against anyone because of age, race, religion, sex, color, national origin, handicap, disability or medical condition.

CHECK ONE IN EACH CATEGORY:

- | | |
|---|--|
| 1. RACE
Caucasian _____
Black _____
Asian _____
American Indian _____
Hispanic _____
Multi Racial _____ | 3. AGE
Over 21 years of age: Yes ___ No ___
Over 40 years of age: Yes ___ No ___ |
| 2. SEX
Female _____
Male _____ | 4. HANDICAP/DISABILITY:
Yes _____
No _____ |

Position Applying For

Applicant's Name (PRINT)

Date

REQUIRED BY GOVERNMENT TITLE VII



Anaheim Family YMCA APPLICATION FOR EMPLOYMENT

Anaheim Family YMCA, a community organization serving families of Anaheim, Stanton, La Palma and Cypress, is seeking out motivated individuals to help deliver its strong character program to help build strong kids, strong families, strong communities. We offer excellent training programs and career opportunities. Join our dynamic team!

Position Applying For: _____ F/T _____ P/T _____
(For Full-Time and Management positions, please attach a resume.)

Today's Date: _____ Name: _____

Address: _____

City: _____ Zip Code: _____ Phone #: () _____

Email Address: _____

Years at current address: _____ (If less than 5 years at current address please list previous address)

Previous Address: _____

City: _____ Zip Code: _____

How were you referred to us?

Have you ever been employed by a YMCA? Yes ____ No ____

If yes, when, where and what position was held? _____

Do you have any friends or relatives working for the Anaheim YMCA? Yes ____ No ____

If yes, who? _____

Are you over the age of 18? ____ If *no*, employment may be subject to verification of your eligibility to work and receipt of a school permit.

Have you ever been convicted of a crime, other than a minor traffic offense? (A conviction will not necessarily disqualify you for the position applied for) Yes ____ No ____

If yes, describe in detail:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes ____ No ____

If you are hired, can you submit verification of legal right to work in the U.S.? Yes ____ No ____

List any experiences, skills or qualifications which you feel would especially fit you for work with the YMCA (ex: proficiency in a second language): _____

If hired, when would you be available to start work? _____



Education Information

High School	Name:	City/State:
	Did you graduate? Yes No	
	Obtain a GED? Yes No	

College	Name:	City/State:
	Area of Study:	Degree:
	Did you graduate? Yes No, number of units earned: _____	
	Honors and Activities:	

Vocational School	Name:	City/State:
	Certificate Received?	Diploma Received?

Military Service

Have you ever served in the US Armed Forces? Yes ____ No ____

List any duties relevant to this position _____

Employment History

List a Minimum of 3 Employers AND at least 7 years work history. List most recent job first.
For childcare positions: if you have relevant volunteer experience, list it here.

Company Name:		Dates of Service	Duties Performed
Address:		From:	
Telephone: ())		To:	
Title:	Supervisor:	Rate of Pay	
Reason for Leaving:		Starting:	
		Final:	

Company Name:		Dates of Service	Duties Performed
Address:		From:	
Telephone: ())		To:	
Title:	Supervisor:	Rate of Pay	
Reason for Leaving:		Starting:	
		Final:	

Company Name:		Dates of Service	Duties Performed
Address:		From:	
Telephone: ())		To:	
Title:	Supervisor:	Rate of Pay	
Reason for Leaving:		Starting:	
		Final:	

Company Name:		Dates of Service	Duties Performed
Address:		From:	
Telephone: ())		To:	
Title:	Supervisor:	Rate of Pay	
Reason for Leaving:		Starting:	
		Final:	

Company Name:		Dates of Service	Duties Performed
Address:		From:	
Telephone: ())		To:	
Title:	Supervisor:	Rate of Pay	
Reason for Leaving:		Starting:	
		Final:	

May we contact the employers listed? _____ If not, indicate which one(s) you do not wish us to contact: _____

Please explain any periods of unemployment between jobs:

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The following sections request information for specific positions. You should only answer the questions in the section(s) which are applicable to the position(s) you are applying for.

- Section 1 Child Care Applicants
Any infant/toddler, pre-school, school age, or after school child care positions

- Section 2 Driver Applicants
Youth Van Driver, Day Camp Van Driver

- Section 3 Youth Sports/Physical Education Applicants
Basketball Coach/Instructor, Fitness Instructor, Gymnastics Instructor, Karate Instructor, Kick-boxing Instructor, Cheerleading Instructor, Dance Instructor

- Section 4 Management/Administrative/Clerical/General Office Applicants
All Management positions, Executive Assistant, Administrative Assistant, Office Manager, Secretary, Clerical, Accounting Clerk, Receptionist

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SECTION 1
CHILD CARE APPLICANTS

1. List ECE/Education/Human Services classes taken and units earned: _____

2. What particular habits, mannerisms, etc. have you noticed irritate you in dealing with children?

3. What positive experiences are you expecting to have working with children at the YMCA?

4. What qualities in yourself do you feel would contribute to the overall success of a child care program?

5. In what ways do you feel children can benefit from a childcare experience? _____

6. List all the activities you feel you are qualified to instruct:

_____	_____
_____	_____
_____	_____
_____	_____

7. List any related volunteer experiences or professional organization affiliations:



SECTION 2
DRIVER APPLICANTS

**ALL DRIVER APPLICANTS MUST PROVIDE CURRENT MOTOR VEHICLE RECORDS
BEFORE HE/SHE MAY BE CONSIDERED FOR EMPLOYMENT**

1. What is your driver's license number? _____

State: _____ Class: _____ Expiration Date: _____

2. List traffic Convictions in the past three years:

Date	Location (City & State)	Description
_____	_____	_____
_____	_____	_____

3. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes ____ No ____ If yes, explain: _____

4. Has your license, permit or privilege to operate a motor vehicle ever been suspended or revoked?

Yes ____ No ____ If yes, explain: _____

5. List previous driving experience:

Employer: _____ Dates: _____

Employer: _____ Dates: _____

Employer: _____ Dates: _____

SECTION 3
YOUTH SPORTS/PHYSICAL EDUCATION APPLICANTS

1. Please list all job related certifications:

Certification: _____	Expiration Date: _____
Certification: _____	Expiration Date: _____
Certification: _____	Expiration Date: _____
Certification: _____	Expiration Date: _____

2. Have you ever instructed a group/class in an area for which you are certified?:

Where? _____	When? _____
Where? _____	When? _____
Where? _____	When? _____



SECTION 4
MANAGEMENT/ADMINISTRATIVE/CLERICAL/GENERAL OFFICE APPLICANTS

1. List all software applications you have proficiency in:

_____	_____
_____	_____
_____	_____

2. List all office equipment and machines you can operate:

_____	_____
_____	_____
_____	_____

***Administrative/Clerical/General Office Applicants only:**

1. What is your typing speed with no errors? _____
2. Can you quickly transcribe from a tape recorder? _____

REFERENCES

Please list four personal references, such as friends or co-workers, who have known you for a significant period of time and who are familiar with your character and work habits.

You may not list family members or former employers.

Name:	Address:	Phone #: ()
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Name:	Address:	Phone #: ()
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Name:	Address:	Phone #: ()
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Name:	Address:	Phone #: ()
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I authorize investigation of all statements contained in this application form if I am to be considered for employment, and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer to give any and all information regarding my employment or scholastic standing together with any other information personal or otherwise, that may not be on their records. I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references, or failure to pass a prescribed physical examination will be sufficient cause for dismissal from the company's service if employed. I further understand that if I shall be employed, my employment will be "at will" and either of us may terminate our work relationship at any time for any or no reason.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this application.

Applicant's Signature: _____ Date: _____

The Anaheim Family YMCA permits public access but we are a private organization.

Equal Opportunity Employer