



HAMILTON AREA YMCA

EMPLOYMENT APPLICATION

We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.

APPLICANT NAME: _____ DATE: _____

POSITION OR TYPE OF WORK APPLYING FOR: _____

SEEKING: FULL-TIME PART-TIME* SEASONAL

*IF PART-TIME IS PREFERRED, SPECIFY DAYS AND HOURS PER WEEK: _____

SHIFT PREFERENCE: DAYS EVENINGS WEEKENDS WEEKDAYS

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP)

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE HAMILTON AREA YMCA? YES NO

IF YES, DATES AND DEPARTMENT: _____

WERE YOU REFERRED BY A CURRENT STAFF MEMBER? IF YES, PLEASE LIST NAME: _____

WERE YOU REFERRED BY A CURRENT HAMILTON AREA YMCA MEMBER? IF YES, PLEASE LIST NAME: _____

LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY OUR FACILITY:

(NAME) (RELATIONSHIP) (DEPARTMENT)

(NAME) (RELATIONSHIP) (DEPARTMENT)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO *IF NOT, YOU WILL BE REQUIRED TO FURNISH WORKING PAPERS UPON HIRE.

YOU MUST BE AT LEAST 16 YEARS OF AGE TO APPLY FOR A POSITION AT THE YMCA, ARE YOU AT LEAST 16 YEARS OF AGE? YES NO

EDUCATION

	NAME OF SCHOOL	CITY & STATE	DID YOU GRADUATE?	DEGREE OR MAJOR
HIGH SCHOOL				
COLLEGE/ TRADE SCHOOL				
OTHER				

PROFESSIONAL LICENSURE/REGISTRATION/CERTIFICATION

CURRENT CPR CERTIFICATION: YES NO EXPIRATION: _____

CURRENT FIRST AID CERTIFICATION: YES NO EXPIRATION: _____

CURRENT LIFEGUARDING CERTIFICATION: YES NO EXPIRATION: _____

OTHER RELEVANT CERTIFICATIONS:

TYPE: _____ EXPIRATION: _____

TYPE: _____ EXPIRATION: _____

TYPE: _____ EXPIRATION: _____

The Hamilton Area YMCA appreciates your willingness to share your skills. Providing safe and secure programs for our consumers is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community.

The Hamilton Area YMCA has **zero tolerance** for abuse and will not tolerate the mistreatment or abuse of consumers in its programs. Any mistreatment or abuse by an employee or volunteer will result in disciplinary action, up to and including termination of employment or volunteer service and cooperation with law enforcement.

The Hamilton Area YMCA takes every allegation of abuse or misconduct seriously and will fully cooperate with the authorities to investigate all cases of alleged abuse or misconduct. Employees and volunteers shall cooperate with any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization.

An employee or volunteer's failure to cooperate with an investigation will result in disciplinary action up to and including termination of employment or dismissal from the Hamilton Area YMCA.

EMPLOYMENT AND VOLUNTEER HISTORY (STARTING WITH MOST RECENT EMPLOYMENT)

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES:

ALL APPLICANTS:

What interests you about this position? _____

How does your experience make you a good fit for this position? _____

What do you like most about your current/most recent job? _____

What do you least enjoy about your current/most recent job? _____

List the 3 strengths and the 3 challenges you have in working with consumers:

STRENGTHS

1. _____

2. _____

3. _____

CHALLENGES

1. _____

2. _____

3. _____

COMPLETE IF APPLYING TO WORK WITH YOUTH:

N/A

Why do you want to work with youth? _____

What age group do you prefer to work with? Why? _____

What is your philosophy about discipline? _____

Other than through employment how are you involved with youth? _____

REFERENCE CHECKS

PLEASE DISTRIBUTE THE WRITTEN REFERENCE CHECK FORMS TO **THREE (3)** PROFESSIONAL OR PERSONAL REFERENCES. PLEASE NOTE THAT **CAMP STAFF** ARE REQUIRED TO HAVE **FOUR (4)** REFERENCES,

ONE (1) REFERENCE MUST BE A PERSONAL REFERENCE. THE OTHERS SHOULD BE PROFESSIONAL REFERENCES (PREVIOUS EMPLOYERS/SUPERVISORS, TEACHERS, COACHES, ETC.).

HAVE YOUR REFERENCES COMPLETE THE FORM IN ITS ENTIRETY AND RETURNED BY THE DATE INDICATED BY YOUR SUPERVISOR. **THE REFERENCE FORMS MUST BE COMPLETED AND RETURNED BEFORE YOU CAN BEGIN WORKING.**

PLEASE INFORM YOUR REFERENCES THAT A REPRESENTATIVE FROM THE HAMILTON AREA YMCA **WILL BE CONTACTING THEM** TO CONFIRM THAT THEY COMPLETED THE REFERENCE CHECK FORM.

REFERENCE NAME	RELATIONSHIP	PHONE NUMBER	EMAIL ADDRESS

ADDITIONAL INFORMATION

PLEASE LIST ANY ADDITIONAL INFORMATION YOU THINK WOULD BE APPLICABLE (INTERNSHIPS, VOLUNTEER EXPERIENCE MEMBERSHIPS IN ORGANIZATIONS, ADDITIONAL RELEVANT SKILLS AND EMPLOYMENT, ETC.):

CODE OF CONDUCT WITH CONSUMERS

- Our employees and volunteers will exhibit the highest ethical best practices and personal integrity.
- Our employees and volunteers will provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.
- Our employees and volunteers will not physically, sexually, or emotionally abuse or neglect a youth or adult.
- Our employees and volunteers will share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
- Our employees and volunteers will report any suspected abuse or neglect of a youth to the state authorities.
- Our employees and volunteers will accept their personal responsibility to protect youth and adults from all forms of abuse.

The following policies are intended to assist employees and volunteers in making decisions about interactions with consumers. For clarification of any guideline, or to inquire about behaviors not addressed here, contact your supervisor.

The organization provides our consumers with the highest quality services available. We are committed to creating an environment for consumers that is safe, nurturing, empowering, and that promotes growth and success.

Abuse of any kind will not be tolerated and confirmed abuse will result in immediate dismissal from this organization. The organization will fully cooperate with authorities if allegations of abuse are made that require an investigation.

The Conduct with Consumers outlines specific expectations of employees and volunteers as we strive to accomplish our mission together.

1. Consumers will be treated with respect at all times.
2. Consumers will be treated fairly regardless of race, sex, sexual orientation, age, gender, or religious preference.
3. Employees and volunteers will adhere to uniform best practices of displaying affection as outlined by the organization.
4. Employees and volunteers will avoid affection with consumers that cannot be observed by others.
5. Employees and volunteers will adhere to uniform best practices of appropriate and inappropriate verbal interactions as outlined by our organization.
6. Employees and volunteers will not stare at or comment on consumers' bodies.
7. Employees and volunteers will not date or become romantically involved with consumers.
8. Employees and volunteers will not use or be under the influence of alcohol or illegal drugs in the presence of consumers.
9. Employees and volunteers will not have sexually oriented materials, including printed or online pornography, on our organization's property.
10. Employees and volunteers will not have secrets with consumers and will only give gifts in accordance with organizational policies.
11. Employees and volunteers will comply with our organization's policies regarding interactions with consumers outside of our programs.
12. Employees and volunteers will adhere to organizational policies regarding electronic communication and social media with consumers.
13. Employees and volunteers will adhere to organizational policies regarding working one-on-one with consumers in a private setting.
14. Employees and volunteers will not abuse consumers in anyway including (but not limited to) the following:
 - a. Physical abuse: hitting, spanking, shaking, slapping, unnecessary restraints
 - b. Verbal abuse: degrading, threatening, cursing
 - c. Sexual abuse: inappropriate touch, exposing oneself, sexually oriented conversations
 - d. Mental abuse: shaming, humiliation, cruelty
 - e. Neglect: withholding food, water, shelter
15. The organization will not tolerate the mistreatment or abuse of one consumer by another consumer. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior. Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all consumers, employees, and volunteers.

Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

- a. Physical bullying: when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
- b. Verbal bullying: when someone uses their words to hurt another, such as by belittling or calling another hurtful names.
- c. Nonverbal or relational bullying: when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.

d. Cyberbullying: the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:

- Sending mean, vulgar, or threatening messages or images
- Posting sensitive, private information about another person
- Pretending to be someone else in order to make that person look bad
- Intentionally excluding someone from an online group.

e. Hazing: an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.

f. Sexualized bullying: when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.

16. Employees and volunteers will report concerns or complaints about other employees and volunteers, other adults, or Consumers to a supervisor.
17. Employees and volunteers will report allegations or incidents of abuse to the proper state authority. Please refer to the specific guidelines of your state regarding mandated reporting.
18. Employees and volunteers may not have engaged in or been accused or convicted of Consumers abuse, indecency with a consumer, or injury to a consumer.

PLEASE INITIAL EACH OF THE STATEMENTS BELOW

___ I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. **THE HAMILTON AREA YMCA** IS HEREBY AUTHORIZED TO INVESTIGATE FULLY ALL INFORMATION CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO: REFERENCE CHECKS, LICENSURE VERIFICATION AND EDUCATION BACKGROUND.

___ I DECLARE THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND THAT ANY MISREPRESENTATION OR OMISSION IS CAUSE FOR REJECTION OF MY APPLICATION, OR DISMISSAL FROM MY POSITION.

___ I UNDERSTAND THAT I CAN WITHDRAW FROM THE APPLICATION PROCESS AT ANY TIME.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE. (DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.)

APPLICANT SIGNATURE: _____ DATE: ___ / ___ / ___

I HAVE REVIEWED THIS APPLICATION AND HAVE NOTED ANY MISSING INFORMATION.

SIGNATURE OF SCREENING MANAGER: _____ DATE: ___ / ___ / ___