



WEST END YMCA

APPLICANT RELEASE FORM

PLEASE READ BEFORE SIGNING

We appreciate your interest in a position with the West End YMCA. If you have questions about making the following statement, please ask the interviewer to explain.

Statement of Applicant

In the West End YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the West End YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health (where required by law), and I fully consent to and authorize all such inquires.

In the event of my employment by the West End YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I understand that my initial employment is contingent upon receipt of a report of a current physical examination if required by law, made of me by a licensed physician showing me to be in good health and free of contagious diseases. Additionally, I authorize the West End YMCA to request my employment record from any former employer (s). I further understand that inquires may be made, concerning me, my background experience and prior employment. Inquiries or requests may be made by you, or your representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment would be cause for termination of employment with the West End YMCA.

I understand and agree that if I am employed, there is no contract period for employment would be solely an "employment at will" giving either me or West End YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS APPLICATION.

Signature of Applicant

Date

West End YMCA • 1150 E. Foothill Blvd, Upland CA 91786
909-481-0722 • Fax: 909-946-0087 • E-mail: info@weymca.org
Serving the Communities of Chino, Upland, Rancho Cucamonga, Fontana, Ontario, Montclair & Chino Hills

NAME _____
BRANCH _____

WEST END YMCA

We deeply appreciate your interest in our organization and are sincerely interested in your qualifications. The West End YMCA is an Equal Opportunity Employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. Association policy prohibits unlawful discrimination based on race, color, creed, gender, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. It also includes a perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

PLEASE PRINT CLEARLY

Date _____ Position Applied For: _____
Do not write "Open" or "Any", please be specific

Name _____ Email: _____
Last First M.I.

Present Address _____
No. Street City State Zip Code

How long have you have lived at the above address? _____

Previous Address _____
No. Street City State Zip Code

How long did you live at that address? _____

Home Tel. (____) ____ - _____ Cell Ph. (____) ____ - _____

DRIVING RECORDS

If asked to drive as part of your position duties, do you have a valid driver license? Yes No

Driver's License Number: _____ State Issued: _____ Exp. Date _____

Are you available for: Full-time? Part-Time? Both

PLEASE INDICATE YOUR DAYS/TIMES OF AVAILABILITY:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:30am-4:30pm	4:55am-10:30pm	4:55am-10:30pm	4:55am-10:30pm	4:55am-10:30pm	4:55am-10:30pm	6:30am-4:30pm

Were you previously employed by us? Y / N If yes, what position? _____
 When? _____ What facility? _____

Have you worked for another YMCA organization? Y / N If yes, what position? _____
 List any friends/relatives that work for us: _____

EDUCATIONAL BACKGROUND

SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE EARNED
			1	2	3	4		
HIGH SCHOOL							<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE							<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL WORK SKILLS

Please list all applicable work skills you may have (such as typing speed, computer program proficiency, etc.):

PROFESSIONAL ORGANIZATIONS & GENERAL AFFILIATIONS/MEMBERSHIPS

Do you belong to any professional/trade organizations related to the position you are applying for? Alternatively, are you a member of any other organizations (ie – sport teams, service clubs, etc).

WORK HISTORY

Please list all present and past employment, beginning with your most recent employer.

COMPANY NAME	Street Address	From (Mo/Yr)	To (Mo/Yr)
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Your Position and Duties			

COMPANY NAME	Street Address	From (Mo/Yr)	To (Mo/Yr)
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Your Position and Duties			

COMPANY NAME	Street Address	From (Mo/Yr)	To (Mo/Yr)
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Your Position and Duties			

COMPANY NAME	Street Address	From (Mo/Yr)	To (Mo/Yr)
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Your Position and Duties			

WORK HISTORY CONT.

COMPANY NAME	Street Address	From (Mo/Yr)	To (Mo/Yr)
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Your Position and Duties			

VOLUNTEER SERVICE

Please list below all present and past volunteer service, beginning with your most recent.

ORGANIZATION	Street Address	Length of Service	
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Describe in detail the work you did:			

ORGANIZATION	Street Address	Length of Service	
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Describe in detail the work you did:			

ORGANIZATION	Street Address	Length of Service	
City	State	Zip	Telephone
Type of Business	Name of Supervisor	Reason for Leaving	
		May we contact them for a reference? Yes No	
Describe in detail the work you did:			

ADDITIONAL WORK HISTORY

Please list all other organizations or employers (not listed previously) where you have experience in caring for children.

Name of Employer/Organization	From (Mo./Yr)	To (Mo/Yr)
Reference Name	Reference Tel. No.	Description of Children: Sex: __ Male __ Female
Briefly describe your responsibilities:		No. of Children ____ Age Group _____ Both

Name of Employer/Organization	From (Mo./Yr)	To (Mo/Yr)
Reference Name	Reference Tel. No.	Description of Children: Sex: __ Male __ Female
Briefly describe your responsibilities:		No. of Children ____ Age Group _____ Both

PERSONAL REFERENCES

Please do not list former employers or relatives.

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

Please read carefully initial each paragraph to show consent:

___ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

___ I hereby authorize the West End YMCA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Association, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or any way related to such investigation or disclosure.

___ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Association's designated representative.

___ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding

judgment) be conducted by internal personnel employed by the company, I am entitled to copies of any such public records obtained by the Association. If I am not hired as a result of such information, I am entitled to a copy of such records.

___ If offered employment, I understand that a condition of my continued employment will be that I agree to comply with all of the rules and regulations as set forth in the West End YMCA's Association Policies and all other communication(s) distributed to employees.

I also understand that beginning and continuing employment at the West End YMCA may be contingent upon the following:

1. Successful passing of a drug screen and/or physical examination, if requested by the YMCA, to be given by a doctor, nurse or medical facility selected by the YMCA.
2. Satisfying the YMCA's requirements concerning:
 - a. My driving record/Proof of Car Insurance
 - b. My criminal record history (I agree to submit to Fingerprinting & background screening)
 - c. Employee Reference checks
 - d. Documents required by law

I understand that as long as my employment with the West End YMCA lasts, the YMCA may repeat any or all of the above requirements at any time.

I understand that the completion and submission of this form does NOT guarantee an offer of employment. I have also read, understand, and agree to the above listed terms and conditions:

Signature of Applicant

Date

SUPPLEMENT TO APPLICATION

(Please complete if applying for a position that works with children)

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

Please describe your disciplinary steps/style. _____

What other business or personal experiences or training have you had that may have prepared you for this position?

Are there any non-employment related experiences you have been engaged in that might strengthen your application?

List any sports or hobbies in which you have participated (past and/or present):

Have you ever been convicted of any crime/wrongdoing against a child? (If yes, please detail.)

CAREER OPPORTUNITIES WITHIN THE YMCA

The YMCA is a community service organization dedicated to helping individuals and families reach their full potential by promoting a healthy lifestyle in spirit, mind, and body through the demonstration of Christian values.

Career opportunities include:

- Counseling
- Sports & Physical Education
- Adolescent Leadership
- Community Outreach
- Health & Fitness
- Marketing
- Data Processing
- Clerical
- Branch Management
- Child Care
- Camping
- Aquatics
- Program Leadership
- Administrative
- Accounting & Finance
- Human Resources
- Training
- Maintenance
- Transportation

THE YMCA'S POSITION ON THE NATIONWIDE PROBLEM OF CHILD ABUSE:

WE MAKE AN ACTIVE EFFORT TO PREVENT CHILD ABUSE

Some examples may include, but are not limited to:

- *A thorough background check, including but not limited to: criminal background checks, references of past employers, personal references, educational institutions, military background, volunteer organizations, civic groups, personal character, and extra curricular activities.*
- *The YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.*
- *Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.*
- *Programs are structured so that no staff member is left alone with children.*
- *Periodic interviews/evaluations are conducted with children and parents about day to day experience, encouraging reports of anything out of the ordinary.*
- *Staff will not fraternize with children outside of the programs, including babysitting or inviting children home.*
- *Testing for illegal substances.*

The YMCA's goals for child care programs are:

- *To support and strengthen the family unit.*
- *To help children develop to their fullest potential.*
- *To deliver the program in a positive YMCA environment of safety, support and care.*



AUTHORIZATION For BACKGROUND INVESTIGATION

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment and/or volunteering with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment/volunteering. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

I further authorize the West End YMCA and its agents to conduct an annual background search (statewide, nationwide, sex offender search, social security trace) of my record until my employment/volunteer assignment is terminated.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): ____ / ____ / ____

DATE OF BIRTH IS NEEDED ONLY **AFTER** A JOB OFFER IS EXTENDED.

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issue: _____

NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS:

If you would like to receive a free copy of your background information obtained by A-Check America, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: ____ / ____ / ____

Supervisors MUST complete this section in full:

- Metro
- Ontario
- Chino
- Upland
- Rancho

Submitted by:	_____
Phone #:	_____
Date:	____ - ____ - ____

Please Fax Authorization to A-Check America 951-750-1297



WEST END YMCA

Today's Date: _____

I am aware that motor vehicle reports may be obtained as part of West End YMCA's evaluation of my job application and/or employment. The reports may be procured by West End YMCA or its insurance company representatives(s), and may include personal information obtained from state motor vehicle departments, my driving record, and assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for West End YMCA or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability.

Sincerely,

Signature Applicant/Employee

Name as it appears on Driver License

Driver License Number/State of Issuance

Date of Birth

DATE OF BIRTH IS NEEDED ONLY **AFTER** A JOB OFFER IS EXTENDED.



WEST END YMCA

ASSOCIATION DRESS AND APPEARANCE STANDARDS

The YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential through development of the spirit, mind and body.

Character development is linked to the YMCA's mission and purpose. Caring, honesty, respect and responsibility are consistent with the principles and values we put into practice and are specifically addressed in all programs.

Branches are encouraged to tailor dress/appearance standards to individual departments as appropriate. However, all employees are expected to:

1. Serve as a positive role model and project a well-groomed image.
2. Wear dress and footwear appropriate for each position. (Positions that require interaction with children or physical activity must restrict their footwear to covered toe footwear with no heels.)
3. Have a clean and neat appearance with no torn, frayed, faded, soiled or wrinkled garments.
4. Not wear garments or items advertising lifestyles inconsistent with the YMCA Mission and Purpose (i.e. clothing that advertise/promote: alcohol, drugs, sexual content, profanity, political endorsements, etc.).
5. Do not wear revealing garments. (Clothes that are prohibited are those that are too tight, too short, low cut, see through, etc. Shorts/skirts should not be any higher than two inches above the knee.)
6. Do not display any visible tattoos.
7. Pierced jewelry may only be worn in the ears. Only stud-type earrings are permitted, dangling or hoop-style earrings are prohibited. (Exceptions to this rule are made those employees who work in bona fide administrative functions that do not interact with children or participate in physical activities. Those employees are permitted to wear earrings outside of the stud-type variety, however they may not exceed more than 1-inch in diameter or length.)
8. Do not display any other visible body piercing (aside from the earrings permitted above).
9. Rings are permitted (up to two per hand) that do not represent images that are not in line with the YMCA Mission Statement.
10. Bracelets and necklaces are permitted so long as they not contain images that are not consistent with the YMCA Mission Statement, and do not jeopardize the safety of the wearer or children (should the jewelry break, or have the potential to "get caught on" something and injure the wearer).
11. Wear a picture I.D. or badge at all times (please check on which one is relevant according to your branch regulations).

I have read, understand and acknowledge that IF offered employment, I agree to abide by these terms.

Signature

Date



WEST END YMCA

**PRE-PLACEMENT DRUG AND ALCOHOL SCREENING
AUTHORIZATION AND ACKNOWLEDGMENT**

(Important: Please read carefully before signing.)

In accordance with the West End YMCA's policy to ensure the safety of the children and adults in its programs and to ensure a drug and alcohol-free work place, I understand that the YMCA has adopted pre-employment testing procedures for employees and program volunteers.

I hereby allow an authorized clinic approved by the West End YMCA to obtain a urine sample from me as requested by the YMCA at its expense. I understand that this screening test will be conducted to determine if I have been taking/using drugs, alcohol or illegal substances.

I further authorize the clinic administering the test to release to the West End YMCA the results of these tests.

I understand that if I refuse to consent to such examination/tests or refuse to sign this form or show positive test results (evidence of drug/alcohol use), I will be denied employment or a volunteer service position.

Employee/Volunteer Name (print)

Signature

Date

Witness Signature

Date

If individual is under 18 years of age:

Consenting Parent/Legal Guardian

Date