

# YMCA OF GREATER TULSA



*YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.*

**We build strong kids,  
strong families, strong communities.**

## EQUAL OPPORTUNITY EMPLOYER

## PERSONAL

				DATE
NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	PHONE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	PHONE
IF HIRED, CAN YOU SUBMIT PROOF THAT YOU ARE AT LEAST 18? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>(You are subject to proof of minimum age under state law.)</i>				
IS ADDITIONAL INFORMATION REGARDING CHANGE IN NAME REQUIRED TO CHECK YOUR WORK, EDUCATION OR OTHER BACKGROUND? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT NAME? _____				
ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>(The YMCA requires all applicants to present documentation of identity and eligibility for employment in the United States.)</i>				
HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR FOR CHILD ABUSE OR SEX-RELATED CRIMES? <b>Note: A conviction will not necessarily disqualify you.</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, PLEASE EXPLAIN: _____ _____				

POSITION(S) APPLIED FOR:	DATE AVAILABLE	SALARY DESIRED
PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	REFERRAL SOURCE: JOB LINE <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> (Which publication?) _____	
If part-time, specify days and hours:	FRIEND/RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> : _____ _____	
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN? _____		
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS YMCA? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN? _____		
NAMES OF RELATIVES EMPLOYED BY THE YMCA AND THEIR RELATIONSHIP TO YOU: _____ _____		

# EDUCATION

NAME AND LOCATION OF INSTITUTION	COURSE TAKEN OR MAJOR	DEGREE
HIGH SCHOOL:		
COLLEGE/UNIVERSITY:		
COLLEGE/UNIVERSITY:		

# MILITARY RECORD

WERE YOU IN THE U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT BRANCH? _____		
DATES OF DUTY: _____ TO _____ RANK AT DISCHARGE: _____		
Month	Day	Year
Month	Day	Year

# SPECIAL SKILLS

TYPING? _____ SPEED: _____ OFFICE MACHINES: _____
SHORTHAND? _____ SPEED: _____ BOOKKEEPING? _____
COMPUTER SOFTWARE: _____
LANGUAGES: _____ VERBAL _____ WRITTEN _____
WHAT SPECIAL SKILLS OR ABILITIES DO YOU HAVE? _____

# EMPLOYMENT RECORD

PLEASE COMPLETE IN DETAIL, STARTING WITH PRESENT EMPLOYER. ACCOUNT FOR ALL TIME DURING LAST 10 YEARS OR YEARS YOU HAVE ACTUALLY WORKED, WHICHEVER IS LONGER. ATTACH LISTING OF ADDITIONAL POSITIONS IF NECESSARY.

EMPLOYER	EMPLOYED From/To	BRIEFLY DESCRIBE YOUR DUTIES:	
ADDRESS			
POSITION		BASE SALARY Starting	
SUPERVISOR		Last	
REASON FOR LEAVING		OTHER COMPENSATION	
May we contact this employer?		Employer Telephone No.	
EMPLOYER	EMPLOYED From/To	BRIEFLY DESCRIBE YOUR DUTIES:	
ADDRESS			
POSITION		BASE SALARY Starting	
SUPERVISOR		Last	
REASON FOR LEAVING		OTHER COMPENSATION	
May we contact this employer?		Employer Telephone No.	
EMPLOYER	EMPLOYED From/To	BRIEFLY DESCRIBE YOUR DUTIES:	
ADDRESS			
POSITION		BASE SALARY Starting	
SUPERVISOR		Last	
REASON FOR LEAVING		OTHER COMPENSATION	
May we contact this employer?		Employer Telephone No.	

# REFERENCES

<b>REFERENCES: LIST SUPERVISORS AND OTHERS FAMILIAR WITH YOUR WORK OR SCHOOL ACHIEVEMENTS</b>			
NAME	1	2	3
POSITION			
RELATIONSHIP TO YOU			
COMPANY/SCHOOL			
ADDRESS			
TELEPHONE NO.			

## 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 references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character and activities.
- 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.
- Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.

**THE YMCA GOALS FOR CHILD CARE 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.

**THE YMCA OF GREATER TULSA STRIVES TO PUT THE FOLLOWING VALUES INTO PRACTICE IN EVERYTHING THEY DO:**

- Caring: To be sensitive to the needs of others and go the extra mile.
- Honesty: To tell the truth, have integrity and build trust.
- Respect: To value the worth of every person and treat others as you would like to be treated.
- Responsibility: To do what is right and be accountable for your behavior and your obligations.

## YMCA CHILD ABUSE STATEMENT

I, \_\_\_\_\_, do hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, or a related charge, against a child, as defined in the Oklahoma Statutes.

Furthermore, I am aware of the Oklahoma Statute which states that intentionally/willfully placing a child in a position of danger, with intent to commit harm to said child, or placing a child in a position of mistrust to include any sexual misconduct with a child, is punishable by law.

I also understand that the Administrative Staff of the YMCA is required to report any such misconduct to the proper authorities. Such misconduct will be grounds for immediate suspension and possible prosecution and termination.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

# PLEASE READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I understand that final consideration of my application is contingent upon satisfactory verification of my education, skills and previous employment. I voluntarily give the YMCA the right to make a thorough investigation of my background, and I release from liability any persons, companies and institutions that supply such information. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal even if discovered at a later date without advance notice.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I understand that, if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management official is authorized to make oral assurance or promise of continued employment, and that any such pledge or agreement must be in writing and signed by the Chief Executive Officer of the YMCA. I also understand that my employment is conditional until results of my driving record, my criminal history record, reference checks, and other documents required by law are completed, and until information given by me has been verified.

**CONVICTIONS:** A conviction does not automatically disqualify you from being considered as a candidate for employment. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts so that a fair decision can be made.

If I am hired, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees. I have read, understand and support the YMCA's position on the problem of child abuse.

The YMCA of Greater Tulsa is a drug free workplace. Pre-employment drug testing is required for certain positions and all employees are subject to random testing. Failing a drug test results in immediate termination.

I have read the above statement and accept the same as a condition of my employment with the YMCA.

Signature of applicant \_\_\_\_\_

***The YMCA provides a non-smoking work environment. No staff smoking areas are available.***

## TO BE COMPLETED BY EMPLOYER

BRANCH				DEPARTMENT			
JOB TITLE				SALARY PER YEAR \$		PER HOUR \$	
EMPLOYEE REPLACED				HIRE DATE			
FULL-TIME		PART-TIME		# HOURS PER WEEK			
WORK SCHEDULE:	MON	FROM		TO		SIGNED _____	Director
	TUE	FROM		TO			
	WED	FROM		TO		DATE _____	
	THU	FROM		TO		SIGNED _____	Branch Executive
	FRI	FROM		TO			
	SAT	FROM		TO		DATE _____	
	SUN	FROM		TO			