



YMCA OF Honolulu

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. **Notice to Applicants and Employees: The YMCA of Honolulu maintains a "zero tolerance" for abuse.** Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

**To help us learn about your experience, abilities, and interests.
Please complete this Application for Employment as thoroughly as possible.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Atherton Branch | <input type="checkbox"/> Camp Erdman Branch | <input type="checkbox"/> Central Branch |
| <input type="checkbox"/> Kaimuki Branch | <input type="checkbox"/> Kalihi Branch | <input type="checkbox"/> Leeward Branch |
| <input type="checkbox"/> Mililani Branch | <input type="checkbox"/> Nu'uuanu Branch | |
| <input type="checkbox"/> Metropolitan Branch | <input type="checkbox"/> Windward Branch | |

Position(s) Applied for:

Employment Availability:

What type position are you applying for:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Full Time
<small>(40 hours or more per week)</small> | <input type="checkbox"/> Regular Part-Time
<small>(20 or more)</small> | <input type="checkbox"/> Casual Part-Time
<small>(19 hours or less per week)</small> | <input type="checkbox"/> Other/Furlough days: |
|--|---|---|---|

When are you available (check all that apply)?

- | | | | | |
|-----------------------------------|-------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Days | <input type="checkbox"/> Evenings | <input type="checkbox"/> Late Evenings | <input type="checkbox"/> Weekends |
|-----------------------------------|-------------------------------|-----------------------------------|--|-----------------------------------|

Any work hours? _____

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Phone No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	E-Mail Address
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If you are 16 or 17 years old, can you provide your Certificate of Age number:		
<input type="checkbox"/> YES <input type="checkbox"/> No Certificate I.D. # _____		

YMCA Employment: Have you worked previously with the Y? YES NO

Branch:	
Position:	

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			Summarize the type of work performed and Job responsibilities.	
Company Name		Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later				
Company Name		Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later				
Company Name		Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later				
Company Name		Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later				

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To		Graduate ? (Yes/No)	What Degree	Major Subject/ Total Hours
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned					Overall College Scholastic Average
(Check one number only): 1. <input type="checkbox"/> High School 2. <input type="checkbox"/> Associate 3. <input type="checkbox"/> Bachelor 4. <input type="checkbox"/> Master 5. <input type="checkbox"/> Doctorate					
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:		

REFERENCE DATA

Name	Phone Number	Relationship to you	Years Known
Family Member			
Former Supervisor			
Professional/Personal			
Professional/Personal			

Additional Information

- Do you hold current CPR certification? Yes No
- Do you hold current first aid certification? Yes No
- Do you hold current lifeguard certification? Yes No

List anything else (skills/experiences) including volunteer experience that would strengthen your application:

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I understand upon contingent offer of employment, the YMCA of Honolulu will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial

I am not a child molester, abuser or pedophile; and have not been convicted of being a molester or abuser.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

Invitation to Identify for Affirmative Action Purpose

We are a government contractor and are required to collect data on ethnicity, gender, and veteran status for affirmative action purposes. The information you supply is strictly voluntary. Please check the items that you feel most characterizes you race, gender, and veteran status.

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant

Name: _____ Date: _____

Position Applied For: _____

Please Check One:

Male Female

Indicate the Appropriate Race/Ethnic Group:

White Asian Hispanic or Latino (All Races)
 Black/African American Native Hawaiian or Pacific Islander Two or More Races
 American Indian or Alaskan

How were you referred to this Job:

Advertisement Employee Referral Employment Agency
 Government Agency Recruiter School / College
 State Job Service Temporary Agency Walk In
 Other (Please Specify): _____

Income Status: (For State OJT Qualification)

Member (s) in Household _____

< \$35,000 \$35,001-\$45,000 \$45,001-\$55,000 > \$55,001

SUPPLEMENT TO APPLICATION
(Complete if applying to work with Children)

Name: _____ Date: _____
Last, First Middle

Why do you want to work and care for children?

With what age group do you prefer to work with? Why?

How would you describe yourself?

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

Describe non-employment activities you have been engaged in that might strengthen your application?

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

List other cities, states and countries where you have lived/worked:

City	State	Country	Number of Years

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, the military, educational institutions, 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 experiences, encouraging reports of anything out of the ordinary.
- ◆ Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.
- ◆ Testing for illegal substances.
- ◆ Psychological testing.

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.

SUPPLEMENT TO APPLICATION

(Complete if position requires a Driver's License.)

The position you are applying for requires the use of your own car or the YMCA's vans. Therefore, please answer the following questions which bear a substantial relationship to the position being applied for:

Name: _____ Date: _____
 Last, First Middle

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

1. Do you have a current valid Driver's License? Yes No
2. Years of Driving Experience? _____
3. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
4. Has any license, permit or privilege ever been suspended or revoked? Yes No
5. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
6. Do you have a current vehicle registration and proof of vehicle insurance? Yes No

If you answered Yes to questions 3 – 5, explain below?

List all moving traffic violations received within last three years. If none, state "NONE" below.

Offense	Location (Place)	Date

List all automobile accidents within the last three years (regardless of fault.) If none, state "NONE" below.

Accident	Location (Place)	Date

DRIVER AND EXPERIENCE QUALIFICATION

Driving Experience:

Vehicles over 10,000 lbs. (Buses, Trucks, etc.)	Type of Vehicle	Dates	
		From	To
Bus (School, Rapid)			
Tractor & Semi-Trailer			
Straight Truck			
Other			

Training

List special courses or training that will help you as a driver?

List safe driving awards

AWARD TITLE	DATE RECEIVED	PRESENTED BY:

You may be required to secure a traffic abstract for our review before being considered for employment.