



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SAN ANGELO YMCA Child Care Application

Please read before completing this application:

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 legislation concerning equal opportunity in employment.

Personal Data

Name:		Phone:	Today's Date:
Address:		City/State/Zip:	
Previous Address:		City/State/Zip:	
Email:	Date Available:	Salary Desired:	
Have you ever applied to the San Angelo YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Have you ever worked for the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
How were you referred to the YMCA? <input type="checkbox"/> Job Fair <input type="checkbox"/> Website (explain): _____ <input type="checkbox"/> Friend (name): _____			
<input type="checkbox"/> Family(name): _____ <input type="checkbox"/> Other (explain): _____			
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony or child abuse or sex related crime? Do not include marijuana related convictions which occurred more than two years prior to the date of application. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			

Employment Desired

Please select the programs/positions you are interested in.

Afterschool Program:	<input type="checkbox"/> School Age (2:30 pm-6:00 pm)	<input type="checkbox"/> Pre-School, Head Start (1:30 pm-6:00pm)
Pre-School (Full Day Program):	<input type="checkbox"/> MorningTeacher (7:00 am-2:00 pm)	<input type="checkbox"/> Afternoon Caregiver (1:30 pm-6:00 pm)
Summer Camp (Full Day Program):	<input type="checkbox"/> School-Age	<input type="checkbox"/> Pre-School, Head Start
Child Watch:	<input type="checkbox"/> Morning Shift (8:00 am- 1:30 pm)	<input type="checkbox"/> Afternoon Caregiver (1:30 pm-6:00 pm)

Schedule of Availability

Please list the time you are available to begin your shift.

Monday	Tuesday	Wednesday	Thursday	Friday

Education

Level	Print Name, City and State for each school listed	Dates	Major	Graduated?
High School		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		To:		
College		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		To:		
College		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		To:		
Trade School		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		To:		
Other		From:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		To:		

Are you presently in school? Yes No If yes, when do you expect to graduate? _____
List the courses you are taking _____

Employment History

List most current or recent employment first.

Employer name and address:		Position title & responsibilities:		Start Date:	End Date:
				Reason for leaving:	
Starting Salary	Ending Salary	May we contact this employer while we are considering your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pay: \$	Pay: \$				
Per:	Per:				
Did you work with children in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:			Any experience supervising staff in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
Number of Children:		Age Group:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both					
What did you like most about this job?			What did you like least about this job?		
Employer name and address:		Position title & responsibilities:		Start Date:	End Date:
				Reason for leaving:	
Starting Salary	Ending Salary	May we contact this employer while we are considering your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pay: \$	Pay: \$				
Per:	Per:				
Did you work with children in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:			Any experience supervising staff in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
Number of Children:		Age Group:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both					
What did you like most about this job?			What did you like least about this job?		
Employer name and address:		Position title & responsibilities:		Start Date:	End Date:
				Reason for leaving:	
Starting Salary	Ending Salary	May we contact this employer while we are considering your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pay: \$	Pay: \$				
Per:	Per:				
Did you work with children in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:			Any experience supervising staff in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
Number of Children:		Age Group:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both					
What did you like most about this job?			What did you like least about this job?		

Other Skills

Other experience/skills that may be relevant to the job duties:

References

Name & Address	Phone Numbers	Email	Relationship	Years Known

Questionnaire

Why do you want to work with and care for children?

What age group or gender do you prefer to work with? Why?

What is your philosophy about discipline?

What do you do when you are upset or angry about something?

Other than through employment how are you involved with children?

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

Greatest Strengths:

Most Difficult Problems:

1.	1.
2.	2.
3.	3.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for the 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 therefore.

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 YCMA without prior notice to me.

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.

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.

Applicant Signature

Date