



## 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 _____	Date _____
Address _____	
Street _____	City _____ Zip _____
Previous Address _____	
Street _____	City _____ Zip _____
Phone Number _____	
Date Available _____	Salary Desired _____
Have you ever applied to the San Angelo YMCA before? Yes _____ No _____ If yes, when? _____	
Have you ever worked at the YMCA before? Yes _____ No _____ If yes, when/where? _____	
How were you referred to the YMCA? _____	
Are you over 18? Yes _____ No _____	Are you authorized to work in the U.S.? Yes _____ 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.) Yes _____ No _____ If yes, please explain: _____	

**Employment Desired (Please select the programs/positions you are interested in.)**

After School Program _____ School Age (2:30 pm – 6:00 pm) _____ Pre-School (Head Start) (1:30 pm – 6:00 pm)	Summer Camp Program _____ School Age _____ Pre-School (Head Start)
Pre-School (Full Day Program) _____ Morning Teacher (7:00 am – 2:00 pm) _____ Afternoon Caregiver (1:30 pm – 6:00 pm)	Child Watch _____ Morning Shift (8:00 am – 1:00 pm) _____ Evening Shift (5:00 pm – 8:00 pm)

**Schedule of Availability**

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

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

**Education**

Education	Print Name, City and State for each school listed	Dates	Major	Graduated?
High School		To:		
		From:		
College		To:		
		From:		
College		To:		
		From:		
Trade School		To:		
		From:		
Other		To:		
		From:		

Are you presently in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give expected completion date \_\_\_\_\_

List courses you are taking \_\_\_\_\_  
\_\_\_\_\_

## Employment History

Current, or most recent, employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Your Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_  
\_\_\_\_\_

Did you work with children in this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give description of the children:

Number of children \_\_\_\_\_ Age group \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_

Any experience supervising staff in this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_  
\_\_\_\_\_

What did you like most about this?  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least about this job?  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer while we are considering your application? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Your Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_  
\_\_\_\_\_

Did you work with children in this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give description of the children:

Number of children \_\_\_\_\_ Age group \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_

Any experience supervising staff in this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_  
\_\_\_\_\_

What did you like most about this job?  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least about this job?  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer while we are considering your application? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Your Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Briefly describe your responsibilities \_\_\_\_\_  
\_\_\_\_\_

Did you work with children in this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give description of the children:

Number of children \_\_\_\_\_ Age group \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_

Any experience supervising staff in this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_  
\_\_\_\_\_

What did you like most about this job?  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least about this job?  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer while we are considering your application? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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**References**

Name & Address	Phone Numbers	Relationship	Known how long?

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

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

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What is your philosophy about discipline?

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

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Other than through employment how are you involved with children?

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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 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.

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Applicant Signature

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Date