



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## YMCA OF MUNCIE EMPLOYMENT APPLICATION

**Thank you for your interest in the YMCA!**

**The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.**

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.



### Personal Information

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred YMCA Location: \_\_\_\_\_ Date Available: \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last First MI

Address: \_\_\_\_\_

Street City State ZIP

Telephone: Home \_\_\_\_ / \_\_\_\_ Business \_\_\_\_ / \_\_\_\_ Mobile \_\_\_\_ / \_\_\_\_

Are you 21 years of age or older? *(If not, you may be required to provide work authorization.)*  **Yes**

**No**

If hired, can you provide verification of your legal right to work in the United States?  **Yes**

**No**

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  **Yes**

**No**

Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. *(A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses.)*

**Yes**

**No**

### Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

**OFFENDERS AGAINST CHILDREN - At the YMCA, we consider it of great importance to provide a safe environment for our members, program participants and guests. For this reason, the YMCA uses its best efforts to exclude "offenders against children" or "sexually violent predators" as defined under Indiana law, from YMCA membership, program participation, facility access, volunteer opportunities or employment opportunities.**

### Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status:  Full-time  Part-time  Seasonal  As Needed

Have you previously been employed by this YMCA or any other YMCA?  Yes  No

If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA?  Yes  No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA?  Yes  No

If yes, name(s) and relationship:

How did you hear about this opening?

Name of referral source:

- |  |  |
|--|--|
| <input type="checkbox"/> YMCA staff referral | <input type="checkbox"/> YMCA member   |
| <input type="checkbox"/> School              | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Walk-in             | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> YMCA website        |  |

### Education & Training

#### Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

#### Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

**YMCA of Muncie Employment Application**

<b>Employment History</b> <b>List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.</b>			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Please explain any gaps in your employment history.			
What other business experience, personal experience or training have you had that may have prepared you for this position?			

<b>Personal References</b>		<b>One reference should be a family member.</b>	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____	
<b>Application Acknowledgement and Authorization</b>			
<b>Please read all statements and sign below:</b>			
<p>I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.</p>			
<p>I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.</p>			
<p>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.</p>			
<p>I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. 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. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.</p>			
Signature: _____		Date: _____	



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**YMCA OF MUNCIE**

**ASSOCIATION OFFICES**

500 S. Mulberry St.  
Muncie IN 47305  
Phone 765.288.4448  
Fax 765.741.5556

**APPLE TREE CHILD  
DEVELOPMENT CENTER YMCA**

3501 N Chadam Lane  
Muncie IN 47304  
Phone 765.286.0616  
Fax 765.741.5016

**BLACKFORD COUNTY YMCA**

1709 N. Walnut St.  
Hartford City IN 47348  
Phone 765.348.9622  
Fax 765.348.9627

**CAMP CROSLEY YMCA**

165 EMS T2 Lane  
North Webster IN 46555  
Phone 574.834.2331  
Toll Free 877.811.6189  
Fax 574.834.3313

**DOWNTOWN YMCA**

500 S. Mulberry St.  
Muncie IN 47305  
Phone 765.288.4448  
Fax 765.741.5555

**NORTHWEST YMCA**

3500 N Chadam Lane  
Muncie IN 47304  
Phone 765.286.0818  
Fax 765.741.5550

**YORKTOWN YMCA**

200 S. CR 600 W Ste. C  
Yorktown IN 47396  
Phone 765.759.8960  
Fax 765.759.8970

**WWW.MUNCIEYMCA.ORG**

**Consent to Release Information**

I hereby consent to a release of information from the Criminal Justice System, Child Protective Services, and E-Verify Employment Verification to the YMCA of Muncie IN Inc. of any prior criminal history, arrest record, or Child Protection Service history to ensure the safety of the children whom I may be the caretaker or acting in the position of trust.

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

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Admin use only:**

Criminal History Check (ISP on-line) \_\_\_\_\_

National Fingerprinting \_\_\_\_\_

National Sex Offenders (on-line) \_\_\_\_\_

Indiana (CPS) History Check (fax) \_\_\_\_\_

National Criminal History (metro) \_\_\_\_\_

Drug Test Consent & Negative Results \_\_\_\_\_



# INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R6 / 8-15) / CW 2128  
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

\* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, [www.in.gov/dcs](http://www.in.gov/dcs). On the left hand side of the page, click on Contact Us, and then click on Local.

### SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____ <input checked="" type="checkbox"/> Other (insert name of requestor) YMCA of Muncie					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
Penny Brand			( 765 ) 288-4448 x603		( 765 ) 741-5556
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
500 S Mulberry St - Muncie IN 47305				pbrand@muncieymca.org	

### SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. **This authorization is valid for sixty (60) days from the date of consent below.**

9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)		12. Gender of applicant	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant		
16. Current residential address of applicant (number and street, city, state, and ZIP code)					17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-_____		
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).							
<b>County</b>		<b>Year Began</b>	<b>Year Ended</b>	<b>County</b>		<b>Year Began</b>	<b>Year Ended</b>
Example - XYZ County		02/1992	Current	18c.			
18a.				18d.			
18b.				18e.			
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime?						If yes, complete 19a through 19e. If no, please stop.	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.							
19a. Maiden name (if ever married) (first, middle, and last name)				19b. Other last name(s)			
19c. Nickname or shortened first name				19d. Pre-adoptive name or other alias name / how used			
19e. Other alias name / how used							

### SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)

20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?		If yes, was there ever any negative action taken on the foster care application or license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.			
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.			
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22. The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.			
<input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.			
23. Signature of staff member completing check		24. Title of staff member completing check	
25. Date (mm/dd/yyyy)			
26. Printed name of staff member completing check		27. Indiana Department of Child Service office completing check	
		_____ County Local Office / Central Office Background Check Unit	



**YMCA of Muncie**

## **ILLICIT SUBSTANCE SCREENING REQUIREMENTS**

It is the policy of the YMCA of Muncie that all applicants being considered for employment, or current employees, be willing to successfully complete a substance screening test upon request. The presence of illicit drugs, other than those prescribed by a physician, will be measured by urinalysis if you are asked to participate. The positive presence of these drugs reported in your drug testing release form may be grounds for refusal of employment or dismissal. Each applicant or employee is required to fill out this form.

### **Applicant Substance Testing Release**

I, \_\_\_\_\_ (name of employee/applicant), voluntarily authorize Pathologists Associated, its physicians and its employees to take specimens of my urine and to perform a urine test designed to detect the presence of illicit drugs (amphetamine, barbiturate, benzodiazepines, cannabinoids, cocaine, opiates, or phencyclidine) or any other substances, which can impair my alertness. Further, I voluntarily authorize Pathologists Associated, its physicians and its employees to disclose the test results to my employers, the YMCA of Muncie, or its representatives.

I hereby state that I am taking or have been prescribed by a physician and am currently taking the following medications (if none, state "none"):

Non-Prescription \_\_\_\_\_

Prescription \_\_\_\_\_

I further agree not to hold Pathologists Associated, its physicians, and/or its employees liable for disclosure to the YMCA of Muncie or any results relating to this release.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

Witness \_\_\_\_\_