

YMCA OF GREATER INDIANAPOLIS

615 N. Alabama Street
Indianapolis, Indiana 46204
(317) 266-9622

Pre Employment Application

An Equal Opportunity Employer

PERSONAL INFORMATION

Name _____ Date _____ Social Security # _____

Street Address _____ Phone # (_____) _____

City _____ State _____ Zip Code _____ E-mail Address _____

If related to anyone in our employ or a board member, state name and branch _____

How did you learn about this position/employment opportunities with the YMCA? _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Wages desired _____

Are you employed now? _____ Yes _____ No Have you ever applied or worked for the YMCA before? _____ Yes _____ No

If yes, where? _____ When? _____

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE/MAJOR
High School			
College			
Graduate School			

Special Skills: _____

Can you work afternoon or evening shifts? _____ Yes _____ No Birth date if under 18 years of age _____

U.S. Military Service? _____ Yes _____ No If yes, military duties _____ Rank _____

FORMER EMPLOYER

DATE Month & Year	List below your employment, starting with last one first. NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:	Name _____			
To:	Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____ Supervisor _____			
From:	Name _____			
To:	Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____ Supervisor _____			
From:	Name _____			
To:	Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____ Supervisor _____			

Have you ever been convicted of a crime? _____ Yes _____ No If yes, please explain the circumstances, including by not limited to:

(1) Date of conviction _____ (2) Name and location of court _____

(2) Nature of the offense _____ (4) Sentence and fine imposed on you _____

Additional comments _____

A prior conviction will not necessarily bar you from employment; however, the type of conviction and when it occurred will be considered.

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

NAME, ADDRESS AND PHONE #	BUSINESS OR OCCUPATION	YEARS KNOWN
Name _____ Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____		
Name _____ Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____		
Name _____ Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____		

I agree that if I receive an offer of employment, I will submit to a physical examination which I understand I must successfully pass or my offer can be retracted. I also agree that if I am employed by the YMCA, I will submit to further physical examinations which are job related and consistent with business necessity. I will abide by and conform to all policies, rules and regulations of the YMCA now in effect or hereafter established. I understand that any such policies, rules and regulations can be revised or terminated by the YMCA at any time at its sole discretion.

I also understand that falsification, misrepresentation or omission of information requested in this application, related documents or oral interviews may subject me to immediate dismissal. It is my understanding that the YMCA will make a thorough investigation of my entire work and personal history and may verify all data given by me in connection with my application for employment. I authorize such investigation and the giving of any information requested by the YMCA and I release from liability any person or entity giving or receiving any such information.

I also acknowledge and understand that this employment application is not a contract of employment and that if I am hired, I will be an at will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statement or promises have been made to or relied upon by me regarding the length of my employment or the reasons for which my employment can be terminated.

This application will remain active for six months (or for the current opening for _____). If you are still interested in employment thereafter, you must reapply and complete a new application at that time.

Applicant's Signature _____ Date _____

In case of an emergency, notify: Name _____

Address _____ Phone # (_____) _____

• FLAT ROCK - SUMMER STAFF APPLICATION •

Temporary Address: _____ Name: _____ E-mail: _____
 (valid until _____) _____ Phone: _____
 _____ Cell: _____
 Are you: 18 years or older? Yes No 21 or older? Yes No

Dates Available (*finish school, start school...*) _____

CERTIFICATIONS
Please submit copies of all cards with your application.

Certification	Agency (ex. "Am. Heart Assoc.")	Expiration (month/year)


Help us identify your program skills. Choose as many as you like.
 1 = Will lead an activity 2 = Can assist with an activity 3 = Vaguely recall seeing it somewhere...

Air Riflery (BBs)	Canoeing	Music
Alpine Tower II	Dance/Drama	Overnight Camping
Archery	Environmental Science	Radio Broadcasting
Arts & Crafts - general	Fishing	Rappelling
Braiding	Horseback Riding Instructor	Rock Climbing
Candle making	Initiatives/Group Games	Soccer
Drawing	Kayaking	Swimming
Painting	Low Ropes Facilitator	Water Aerobics
Other:	Model Rocketry	.22 Caliber Riflery
Basketball	Mountain Biking	Other:

I AM APPLYING FOR THE FOLLOWING POSITION/S

COUNSELOR	AD-STAFF
Junior Counselor - JC <i>(age 17 - work permit req'd, first summer on staff)</i>	Head Guard <i>(aquatic experience/certifications required)</i>
Counselor <i>(age 18+, first camp experience, or 2nd summer on staff)</i>	Hill Director <i>(SC or equivalent experience, girls ages 7-12)</i>
Senior Counselor - SC <i>(age 19+, two summers or equivalent experience)</i>	Leadership Director - Male & Female <i>(SC or equivalent experience, two co-directors)</i>
<p align="center">Please complete and send to: "Summer Staff Application" Flat Rock River YMCA Camp 6981 West County Road 650 North St. Paul, Indiana 47272</p> <p align="center"> 765-525-6730 888-828-9622 Fax: 765-525-2265 www.flatrockymca.org</p>	Ranch Director <i>(equine experience/certifications required)</i>
	Valley Director <i>(SC or equivalent experience, boys & girls ages 12-16)</i>
	Village Director <i>(SC or equivalent experience, boys ages 7-12)</i>

765-525-6730
888-828-9622
Fax: 765-525-2265
www.flatrockymca.org



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

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

It is this Company's policy to provide equal employment opportunities to all employees and applicants for employment in accordance with all applicable laws, directives and regulations of federal, state and local governing bodies. It is our policy to recruit, hire, train and promote individuals in all employment positions without regard to race, color, religion, sex, national origin, age, veteran status or disability.

The following information is being requested so that we may comply with the law and the Company's Equal Employment Opportunity/Affirmative Action program. **COMPLETION OF THIS FORM IS VOLUNTARY.** No adverse treatment will result from your refusal to provide this information. This information will only be used for statistical analyses and compliance reporting. It will be separated from your application before you are considered for possible employment and will not be placed in your personnel file.

PLEASE PRINT ALL INFORMATION

Name (Last, First, Middle)

Social Security No.

POSITION HELD OR FOR WHICH APPLIED:

Sex: Male _____ Female _____

Race/Ethnic designation: **(Check one. Please see reverse side for definitions.)**

_____ American Indian or Alaska Native (Not Hispanic or Latino)

_____ Asian (Not Hispanic or Latino)

_____ Black or African American (not Hispanic or Latino)

_____ Hispanic or Latino

_____ Native Hawaiian or Other Native Pacific Islander (Not Hispanic or Latino)

_____ Two or More Races (Not Hispanic or Latino)

_____ White (Not Hispanic or Latino)

Signature

Date