



THE MOST REWARDING PART OF THIS JOB
DOESN'T HAPPEN ON PAY DAY,
IT HAPPENS EVERY DAY

PLEASE READ THIS SECTION BEFORE COMPLETING THE APPLICATION

This Valley of the Sun YMCA does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, sexual orientation or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

Position applying for _____ Preferred branch _____

I am interested in: Full-time Part-time Limited (less than 20 hours per week) Seasonal

Number of hours available _____ Dates available to work _____

General Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____ E-Mail Address _____

Are you authorized to work in the United States Yes No

*If hired, you will be required to furnish proof of employment eligibility.

Have you ever worked for a YMCA before: Yes No If so, where _____ when _____

How did you hear about the YMCA: Employee Referral Advertisement School Drop in Agency

Other (Please explain) _____

*Answering yes to the following questions does not constitute a bar to employment.

Have you ever pled guilty to, or been convicted of, a felony? Yes No (If yes, please explain below)

Have you ever been involuntarily discharged, asked to resign a position or failed to be reemployed? Yes No
(If yes, please explain) _____

Have you had any moving violations in the last 12 months? Yes No If yes, how many? _____

Do you have an Arizona Driver's License? Yes No

Do you currently have automobile insurance? Yes No

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Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone	Dates of Employment	
Address	City	State	Zip Code
		From	To
Title		Starting Compensation	
Primary Responsibilities		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		\$	per
		Ending Compensation	
Reason for leaving		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		\$	per
Name and Title of Immediate Supervisor		May we contact this employer?	

Employer	Telephone	Dates of Employment	
Address	City	State	Zip Code
		From	To
Title		Starting Compensation	
Primary Responsibilities		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		\$	per
		Ending Compensation	
Reason for leaving		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		\$	per
Name and Title of Immediate Supervisor		May we contact this employer?	

Employer	Telephone	Dates of Employment	
Address	City	State	Zip Code
		From	To
Title		Starting Compensation	
Primary Responsibilities		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		\$	per
		Ending Compensation	
Reason for leaving		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
		\$	per
Name and Title of Immediate Supervisor		May we contact this employer?	

Education

Starting with the most recent school attended, please provide the following information.

School (Include City and State)	Years Completed	Graduated Y/N	Degree

Skills and Qualifications

Describe any volunteer work, other experience, interest, training or honors received in connection with your service to any organizations which you consider relevant to your ability to perform this job. _____

List any equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include skill level and/or years of experience. _____

References – Please include one family member reference.

Name	Title	Relationship to You	Phone Number	How long have you known this person?

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Send completed applications to Valley of the Sun YMCA, Attention Human Resources – 350 N. 1st Avenue, Phoenix, AZ 85003 or fax to (602) 254-0114.

Applicant Statement

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Valley of the Sun YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the Valley of the Sun YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the Valley of the Sun YMCA for cause or no cause. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the Valley of the Sun YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the Valley of the Sun YMCA at its discretion. In the event of my employment, I will comply with all rules and regulations as set forth in the Valley of the Sun YMCA's policy manual or other communications distributed to employees and understand a condition of my continued employment will be my compliance with the Valley of the Sun YMCA's controlled substance abuse and testing policy. I have read, understand and support the Valley of the Sun YMCA's position on the problem of child abuse.

I authorize the Valley of the Sun YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if requested, to be given by a physician or registered nurse or similar vendor selected by the Valley of the Sun YMCA, and until other documents required by law are completed, and until information given by me has been verified.

I further understand that it is the Valley of the Sun YMCA's policy to secure conviction criminal history information as a part of the employment process for applicable positions. I understand that the Valley of the Sun YMCA does not condone child abusers and the Valley of the Sun YMCA will be seeking information in my background related to child abuse if employed in an applicable position.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read the above statement and accept the same as a condition of my employment with the Valley of the Sun YMCA.

Signature of Applicant _____ *Date* _____

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**YMCA of the USA's Child Abuse Prevention
CODE OF CONDUCT**

<ol style="list-style-type: none"> 1. To protect YMCA staff, volunteers, and program participants – at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them. 2. Staff shall never leave a child unsupervised. 3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child regardless of age should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff. 4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others. 5. Staff shall not abuse children including: <ul style="list-style-type: none"> • physical abuse – strike, spank, shake, slap; • verbal abuse – humiliate, degrade, threaten; • sexual abuse – inappropriate touch or verbal exchange; • mental abuse – shaming, withholding love, cruelty; • neglect – withholding food, water, basic care, etc. <p>Any type of abuse will not be tolerated and may be cause for immediate dismissal.</p> 6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing. 7. Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented. 8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture, economic level of the family, or disability. 9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit. 	<ol style="list-style-type: none"> 10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff. 11. Staff are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program. 12. Staff must appear clean, neat, and appropriately attired. 13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited. 14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited. 15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited. 16. Staff must be free of physical or psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted. 17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity. 18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval. 19. Staff should not give excessive gifts (e.g. TV, Video games, jewelry) to youth. 20. Staff may not date program participants under the age of 18 years of age. 21. Under no circumstance should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA). 22. Staff are to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct. 23. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
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I understand that any violation of this Code of Conduct may result in termination.

Employee Name (Print)

Employee's Signature

Date

**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
SELF-IDENTIFICATION FORM**

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

First Name	Last Name	Middle
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Address	City	State	Zip Code
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Position Applied For: _____ Date Applied: _____

Gender Identification (check one) _____ Female _____ Male

Race/Ethnic Identification (check one)

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above Five races.

_____ **Decline self-identification**

Applicant's Signature	Date
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