



# YMCA of Honolulu

## APPLICATION FOR EMPLOYMENT

**Position(s) Applied for: 1)** \_\_\_\_\_ **2)** \_\_\_\_\_

**Location:**

- Atherton Branch  
  Camp Erdman Branch  
  Kalihi Branch  
  Kaimuki Branch  
  Leeward Branch  
 Metropolitan Branch  
  Mililani Branch  
  Nu'uuanu Branch  
  Windward Branch

I am interested in:  
 Full-time  
 Part-time (≥ 20hrs per wk)  
 Casual (< 20hrs per wk)

**PERSONAL INFORMATION**

NAME: PRINT or TYPE	Primary phone #:
ADDRESS: Street Number and Name, City, State, Zip Code	E-Mail Address
Can you, after employment, submit verification of your legal right to work in the United States?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you are 16 or 17 years old, can you provide your Certificate of Age number:	
<input type="checkbox"/> YES <input type="checkbox"/> NO    Certificate I.D. # _____	

**YMCA Employment: Have you worked previously with the Y?**    yes    no

Branch:	Date Left:	Position:
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**Are you being referred by an agency/program?**    yes    no

Name of agency/program:	Name of person referring you:
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**EMPLOYMENT DATA**

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		
<b>Company Name</b>	Phone No. (    )	Dates of Employment: From (Mo/Yr)   To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Job Title-Start	Job Title-Final	
Reason for Leaving	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later	
<b>Company Name</b>	Phone No. (    )	Dates of Employment: From (Mo/Yr)   To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Job Title-Start	Job Title-Final	
Reason for Leaving	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later	

<b>Company Name</b>	Phone No. (    )	Dates of Employment: From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Job Title-Start		Job Title-Final
Reason for Leaving		May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later

### EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours
High School					
College/University					
Highest Degree Earned (Circle one number only):    1. High School    2. Associate    3. Bachelor    4. Master    5. Doctorate					
Additional Education, Vocational and/or Professional Information:					
Professional memberships, certificates and/or licenses held:					

### REFERENCE DATA (4 references required)

Name	Phone Number	Relationship	Years Known
<b>Family Member</b>			
<b>Former Supervisor</b>			
<b>Professional/Personal</b>			
<b>Professional/Personal</b>			

### Additional Information

- Do you hold current CPR certification?             Yes             No
- Do you hold current first aid certification?         Yes             No
- Do you hold current lifeguard certification?       Yes             No
- Do you hold a current TB test?                     Yes             No

List anything else (skills/experiences) including volunteer experience that would strengthen your application:

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List all other cities, states and countries where you have lived/worked over the past 10yrs.

City	State	Country	Number of Years

**PRE-EMPLOYMENT CERTIFICATION  
PLEASE INITIAL**

\_\_\_\_\_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.

\_\_\_\_\_I understand upon contingent offer of employment, the YMCA of Honolulu will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

\_\_\_\_\_I am not a child molester, abuser or pedophile; and have not been convicted of being a molester or abuser.

\_\_\_\_\_I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for 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 there from.

\_\_\_\_\_If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_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 YMCA 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.

\_\_\_\_\_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 federal, state and local legislation concerning equal opportunity in employment.

**Notice to Applicants and Employees: The YMCA of Honolulu maintains a "zero tolerance" for abuse.** Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

**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.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date of Application**

**THE YMCA'S POSITION ON THE NATIONWIDE PROBLEM OF CHILD ABUSE**

**WE MAKE AN ACTIVE EFFORT TO PREVENT CHILD ABUSE!**

**Some examples may include, but are not limited to:**

- ◆ A thorough background check, including but not limited to, criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character, and extra-curricular activities.
- ◆ The YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.
- ◆ Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.
- ◆ Programs are structured so that no staff member is left alone with children.
- ◆ Periodic interviews/evaluations are conducted with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.
- ◆ Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.
- ◆ Testing for illegal substances.
- ◆ Psychological testing.

**The YMCA's goals for child care programs are:**

- ◆ To support and strengthen the family unit.
- ◆ To help children develop to their fullest potential.
- ◆ To deliver the program in a positive YMCA environment of safety, support and care.

**Invitation to Identify for Affirmative Action Purpose**

We are a government contractor and are required to collect data on ethnicity, gender, and veteran status for affirmative action purposes. The information you supply is strictly voluntary. Please check the items that you feel most characterizes you race, gender, and veteran status.

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

**Applicant**

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

Position Applied For:  
\_\_\_\_\_

Male                       Female

**Indicate the Appropriate Race/Ethnic Group:**

- White                       Asian                       Hispanic or Latino (All Races)
- Black/African American     Native Hawaiian or Pacific Islander     Two or More Races
- American Indian or Alaskan

**SUPPLEMENT TO APPLICATION**  
*(Complete if applying to work with Children)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last, First Middle

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

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*With what age group do you prefer to work with? Why?*

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*How would you describe yourself?*

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What other business or personal experiences or training have you had that may have prepared you for this position?

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Describe non-employment activities you have been engaged in that might strengthen your application?

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List any sports or hobbies in which you have participated (past and/or present):

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

**NOTICE AND AUTHORIZATION CONCERNING  
CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the YMCA may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

**AUTHORIZATION**

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or Investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name of County in which you reside

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Social Security Number (leave blank until job offer is made)

\_\_\_\_\_  
Date of birth (mm/dd/yy) (leave blank until job offer is made)

Email address: \_\_\_\_\_