

DODGE CITY FAMILY YMCA

Employment Application

Name:	
Street address:	
City:	State: _ Zip:
Email address:	
Phone: Home	Work
How long at current address:	
Driver License: State Issued:	Number:
Have you ever previously worked for or volunt If yes, please complete the following. Dates: _	
Position:	
Please list your addresses in the past seven yea	ars:
What position are you applying for?	
What interests you about this position?	
Tell us about your work experience. How does position?	s your experience make you a good fit for this

What do yo	u least enjoy about you	r current job?	
OMPLETI	E IF APPLYING TO WO	RK WITH CONSU	MERS
Why do yo	u want to work with co	nsumers?	
What age g	roup or sex do you pre	fer to work with?	Why?
What is yo	ur philosophy about dis	cipline?	
What do yo	ou do when you are ups	et or angry about	something?
Other than	through employment h	now are you invol	ved with consumers?
ist the 3 s	trengths and the 3 chal	lenges vou have ir	n working with consumers:
31 -10 0 0	STRENGTHS	- G J 3 w may 0 M	CHALLENGES
1		1	
2		2	
3		3.	

Employment History

Dates of Employment (Start with most recent)	Company Name and Address (City, State Zip)	Immediate Supervisor Name and Phone Number	Position Held	Reason for Leaving Position
Started//_ Ended//				
Started//_ Ended//				
Started//_ Ended//				

Educational history

School Name	(City, State Zip)	Type of School	Name of Program or Degree	Program completed?

References

Reference Name	Address (City, State, Zip)	Best Phone Number to Reach Reference	Email Address	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic					
Professional/Civic					
Personal					
Personal					
Family Member					

Volunteer experience

Please list your volunteer experiences with non-profit organizations (use back if needed.)

Organization	Duties	Dates	Contact Person	Phone

Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our consumers is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community.

This organization has **zero tolerance** for abuse and will not tolerate the mistreatment or abuse of consumers in its programs. Any mistreatment or abuse by an employee or volunteer will result in disciplinary action, up to and including termination of employment or volunteer service and cooperation with law enforcement.

This organization takes every allegation of abuse or misconduct seriously and will fully cooperate with the authorities to investigate all cases of alleged abuse or misconduct. Employees and volunteers shall cooperate with any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization.

An employee or volunteer's failure to cooperate with an investigation will result in disciplinary action up to and including termination of employment or dismissal from the organization.

Code of Conduct with Consumers

- o Our employees and volunteers will exhibit the highest ethical best practices and personal integrity.
- o Our employees and volunteers will provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.
- o Our employees and volunteers will not physically, sexually, or emotionally abuse or neglect a Consumers or adult.
- o Our employees and volunteers will share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
- o Our employees and volunteers will report any suspected abuse or neglect of a Consumers to the state authorities.
- o Our employees and volunteers will accept their personal responsibility to protect Consumers and adults from all forms of abuse.

The following policies are intended to assist employees and volunteers in making decisions about interactions with consumers. For clarification of any guideline, or to inquire about behaviors not addressed here, contact your supervisor.

The organization provides our consumers with the highest quality services available. We are committed to creating an environment for consumers that is safe, nurturing, empowering, and that promotes growth and success.

Abuse of any kind will not be tolerated, and confirmed abuse will result in immediate dismissal from this organization. The organization will fully cooperate with authorities if allegations of abuse are made that require an investigation.

The Conduct with Consumers outlines specific expectations of employees and volunteers as we strive to accomplish our mission together.

- 1. Consumers will be always treated with respect.
- 2. Consumers will be treated fairly regardless of race, sex, sexual orientation, age, gender, or religious preference.
- 3. Employees and volunteers will adhere to appropriate boundaries governing physical affection as outlined by the organization.
- 4. Employees and volunteers will avoid physical affection with consumers that cannot be observed by others.
- 5. Employees and volunteers will adhere to appropriate and inappropriate verbal interactions as outlined by our organization.
- 6. Employees and volunteers will not stare at or comment on consumers' bodies.
- 7. Employees and volunteers will not date or become romantically involved with consumers.
- 8. Employees and volunteers will not use or be under the influence of alcohol or illegal drugs in the presence of consumers.

- 9. Employees and volunteers will not have sexually oriented materials, including printed or online pornography, on our organization's property.
- 10. Employees and volunteers will not keep secrets with consumers and will only give gifts in accordance with organizational policies.
- 11. Employees and volunteers will comply with our organization's policies regarding interactions with consumers outside of our programs.
- 12. Employees and volunteers will adhere to organizational policies regarding electronic communication and social media with consumers.
- 13. Employees and volunteers will adhere to organizational policies regarding working one-on-one with consumers in a private setting.
- 14. Employees and volunteers will not abuse consumers in anyway including (but not limited to) the following:
 - a. *Physical abuse:* hitting, spanking, shaking, slapping, unnecessary restraints
 - b. *Verbal abuse:* degrading, threatening, cursing
 - c. Sexual abuse: inappropriate touch, exposing oneself, sexually oriented conversations
 - d. Mental abuse: shaming, humiliation, cruelty
 - e. Neglect: withholding food, water, shelter
- 15. The organization will not tolerate the mistreatment or abuse of one consumer by another consumer. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior. Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all consumers, employees, and volunteers. Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms including:
 - a. *Physical bullying*: when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
 - b. *Verbal bullying*: when someone uses their words to hurt another, such as by belittling or calling another hurtful names.
 - c. *Nonverbal or relational bullying*: when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
 - d. *Cyberbullying*: the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs).
 - Cyberbullying can involve:
 - 1. Sending mean, vulgar, or threatening messages or images;
 - 2. Posting sensitive, private information about another person:
 - 3. Pretending to be someone else in order to make that person look bad;
 - 4. Intentionally excluding someone from an online group.
 - e. *Hazing*: an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.

- f. *Sexualized bullying*: when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.
- 16. Employees and volunteers will report concerns or complaints about other employees and volunteers, other adults, or Consumers to a supervisor who can be reached at 620.225.8157.
- 17. Employees and volunteers will report allegations or incidents of abuse to the proper state authority. Please refer to the specific guidelines of your state regarding mandated reporting.
- 18. Employees and volunteers may not have engaged in or been accused or convicted of Consumers abuse, indecency with a consumer, or injury to a consumer.

Acknowledgement

I attended an orientation that describes and explains the organizational policies for the protection of minors adopted by the organization on *<insert date of policy adoption here>*. I understand and voluntarily agree to abide by these policies.

Date Name Title Department Program Signature Please initial each of the statements below. — I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature: I have reviewed this application and have noted any missing information. Signature of Screening Manager Date	Please Print		
Title Department Program Signature Please initial each of the statements below. — I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature:	Date		_
Department Program Signature Please initial each of the statements below. — I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature:	Name		_
Signature Please initial each of the statements below. — I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature:	Title		_
Signature Please initial each of the statements below. — I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature:	Department		_
Please initial each of the statements below. — I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature:	Program		_
 I declare that all statements contained in this application are true and that any misrepresentation of omission is cause for rejection of my application, or dismissal from my position. I understand that I can withdraw from the application process at any time. My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature:	Signature		_
omission is cause for rejection of my application, or dismissal from my position. — I understand that I can withdraw from the application process at any time. — My signature indicates that I have read and understand the above. Do not sign until you have rea and initialed the above statements. Applicant Signature:	Please initial each of the statement	s below.	
— My signature indicates that I have read and understand the above. Do not sign until you have read and initialed the above statements. Applicant Signature: I have reviewed this application and have noted any missing information.			
and initialed the above statements. Applicant Signature: Date:/	— I understand that I can withdrav	w from the application process	at any time.
I have reviewed this application and have noted any missing information.			above. Do not sign until you have read
	Applicant Signature:		Date:/
Signature of Screening Manager Date	I have reviewed this application and	l have noted any missing inforr	nation.
Signature of Screening Manager Date			
	Signature of Screening Manager		Date