

# EMPLOYMENT APPLICATION

Staff Initials \_\_\_\_\_  
Date \_\_\_\_\_

**YMCA MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.**

Today's Date \_\_\_\_\_  
Position(s) being applied for: \_\_\_\_\_

Application must be completely filled out to be considered.

**Personal Data**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous residence if less than five years \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

What is the best number/time to call you? circle one ..... home ..... cell ..... \_\_\_\_\_ AM/PM

May we contact you at work? .....  Yes  No

If yes, work number and best time to call \_\_\_\_\_ AM/PM

If you are under 16 years of age and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you ever pleaded guilty or no contest to or been convicted of:

- Felonies or misdemeanors?  No  Yes, detail \_\_\_\_\_
- Offenses against persons or family or public indecency?  No  Yes, detail \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment.

**Employment Availability**

What type of position are you applying for?

- Full Time – 29 hours or more per week
- Part Time – 20-28 hours per week – and 6 months or more
- Part Time – 15 hours or less per week – or less than 6 months
- Other \_\_\_\_\_

When are you available? (check all that apply)

- Mornings
- Days
- Evenings
- Late Evenings
- Weekends

Any restrictions to work hours? \_\_\_\_\_

# EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST AND CURRENT EMPLOYERS OR ASSIGNMENTS, STARTING WITH THE MOST RECENT. (USE ADDITIONAL SHEETS IF NECESSARY)

Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities:			
Start Date	End Date	Reason for Leaving	
May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities:			
Start Date	End Date	Reason for Leaving	
May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities:			
Start Date	End Date	Reason for Leaving	
May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			

## NON-EMPLOYMENT RECORD

Include explanation of all lapses in employment on preceding page.

From		To		Reason...
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

## EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## REFERENCES

List at least three **character references**/persons who know you well and can attest to your abilities and suitability for YMCA employment (one reference must be a family member).

1. Name	Relationship
	Phone
Years Known	Email
2. Name	Relationship
	Phone
Years Known	Email
3. Name	Relationship
	Phone
Years Known	Email

### Additional Information

Do you hold a current CPR certification?      Yes      No  
 Do you hold current first aid certification?      Yes      No  
 Do you hold current lifeguarding certification?      Yes      No

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

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### How did you find us? ( if applicable )

- Walk in  
 Signs at Center  
 Web Page  
 Referral  
 Advertisement  
 Relative  
 Employee  
 Private Employment Agency  
 Other \_\_\_\_\_

### Name of source ( if applicable )

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## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered.

Initial \_\_\_\_\_

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial \_\_\_\_\_

I understand upon offer of employment, the YMCA will conduct a background check prior to and during my employment as well as a sex offender 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.

Initial \_\_\_\_\_

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.

Initial \_\_\_\_\_

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious affiliation, national origin, gender, ancestry or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial \_\_\_\_\_

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will**, which means that employees may end their employment at any time, for any reason; and the employer (YMCA) may terminate employees at any time for any reason, with or without cause.

Initial \_\_\_\_\_

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 with two forms of identification as specified.

Initial \_\_\_\_\_

**I certify that I have read, fully understand and accept all terms of the forgoing applicant statement.**

Signature of Applicant

Date

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*Do not sign until you have read and initialed the above statements.*