



Date of Application: \_\_\_\_\_

**Thank you for your interest in working at the YMCA!**

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring, or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, sexual orientation, disability, age, marital, veteran or any other status protected by law. If you are interested in joining the YMCA staff team, please complete the application below.

- ◆ Please write legibly.
- ◆ Please complete the entire application.
- ◆ Please read and sign the last page of the application.

**Personal Information**

**PLEASE PRINT:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Employment Information**

Position Applying For: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

**Available Days/Hours:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**How did you hear about this opening?**

Name of referral source: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> YMCA staff referral | <input type="checkbox"/> YMCA Member   |
| <input type="checkbox"/> School              | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Walk-in             | <input type="checkbox"/> Other: _____  |

**NOTICE TO ALL APPLICANTS: The YMCA maintains a ZERO TOLERANCE policy in regards to child abuse. The YMCA carefully screens applicants and requires all staff to undergo child abuse prevention training.**





### Safety and Job-Specific Certifications

Type CPR, First Aid, CDA, Etc.	Provider	Level	Expiration

### Employment Data

Dates of Employment (List most recent first)	Company Name & Address (City, State,	Immediate Supervisor Name & Phone Number	Position Held	Reason for Leaving	Brief Summary of Job Responsibilities
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					



## Reference Data

Please provide four references that we may contact. Of the references provided, two must be professional, one personal, and one family. All listed individuals must have given their consent to provide a reference for you.

<b>Professional</b>
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____
<b>Professional</b>
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____
<b>Personal</b>
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____
<b>Family</b>
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____



## Application Acknowledgement and Authorization

- I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery. The YMCA is hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, driving, financial, and credit record through any investigative or credit bureaus of the YMCA's choice. *(Per Section 604 (b) of FCRA Provides Conditions for Furnishing and Using consumer Reports for Employment Purposes)*
- I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.
- I understand and agree that any offer of employment is contingent upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States.
- I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at will" and that my employment may be terminated for any reason, with or without cause or notice at any time by me or the YMCA, and that this application is not intended to constitute a contract for continued employment.
- I authorize both the YMCA and persons listed (references, schools, current [unless noted] and former employers and any others with whom the YMCA desires to check) to communicate with regard to any relevant information that may be required to reach an employment decision.
- 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.
- If employed by the YMCA, I will abide by all policies and rules at all times.
- I understand that the YMCA will keep my application on file for one year in accordance with all state and federal regulations, and that the YMCA is not obligated to consider this application for future openings.
- I acknowledge that I have read and understand the above statements.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_