Salary/Wage Desired: \$_

Position(s) being applied for:	** Notice to Applicants ** The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse.	
We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any	Criminal background check and other federal or state screenings for child abuse will be conducted.	
other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.	Screening tests for alcohol and illegal drug use may be required before hiring and during employment.	
Please type or print. Application must be completely	y filled out in order to be considered.	
Personal Data		
Name Hon	ne Phone	
AddressCell	Phone	
CityState	Zip	
Email Address		
Previous residence (Address, City, State, Zip): Previous residence (Address, City, State, Zip): Previous residence (Address, City, State, Zip): • Have you previously worked for any YMCA? \[\sum \text{YMCA Name & Address} \]	If yes, when	
Are you 18 years of age or older? ☐ Yes ☐ No ☐ If r papers upon hire.	not, you will be required to furnish working	
 Do you have any pending charges or have you ever pled guilty persons offense, drunk driving offense or other violation of law? annulled, expunged or sealed by a court. No Yes, detail 	P Do not include convictions that have been	
Offenses against persons or family, or public indecency? □ No □ Yes, detail		
Answering "yes" to these questions does not constitute an autom relation to the position sought.	atic bar to employment but will be considered in	
Employment Availability What type of position are you applying for:Full timeRegu	ular Part-timeSeasonalOther	
When are you available (check all that apply)? Mornings Days Evenings Late		
Any restrictions to work hours?		

Employment & Volunteer History

Provide the following information of your past and current employers or assignments, **starting with the most recent** (use additional sheets if necessary).

Employer	Telephone	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address	/	110111	performed and job responsibilities
Starting job title/Final job title		Hourly Rates/Salary	
Immediate supervisor and title		Starting per	
Reason for leaving		Hourly Rates/Salary Final \$ per	
Employer	Telephone ()	Dates Employed From To	Summarize the type of work performed and job responsibilities
		Housely Dates/Calamy	
Starting job title/Final job title		Hourly Rates/Salary Starting	
Immediate supervisor and title		\$ per	
Reason for leaving		Hourly Rates/Salary Final \$ per	
Employer Address	Telephone ()	Dates Employed From To	Summarize the type of work performed and job responsibilities
Starting job title/Final job title		Hourly Rates/Salary	
Immediate supervisor and title		Starting per	
Reason for leaving		Hourly Rates/Salary Final \$ per	
Employer	Telephone ()	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Starting job title/Final job title		Hourly Rates/Salary Starting	
Immediate supervisor and title		\$ per	
Reason for leaving		Hourly Rates/Salary Final \$ per	

Non-employment Record

Include explanation of all lapses in employment on preceding page.

From		То		Reason
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

Education

School Name & Address	Major Course or	Diploma/Degree
(high school, college, trade)	Degree Program	Received

References

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

Name	Phone Number	Relationship to you	Years Known
1.			
2.			
3.			

Additional Information			How did you find us? (if applicable)
Do you hold current CPR certification?	□Yes	□No	□ Walk-in
	Expiration:		□ Signs at Center
		_	□ Web Page
Do you hold current first aid	□Yes	□No	□ Referral
certification?	Expiration:		□ Advertisement
	-	_	□ Relative
Do you hold current lifeguarding	□Yes	□No	□ Employee
certification?	Expiration:		□ Private Employment Agency
	-	_	□ Other
Other relevant certifications held:			
Туре:			Expiration:
Type:			Expiration:

Page 4 Applicant Statement

I certify that all information I have provided in order to ap complete and correct, and I understand that any informati incomplete or misrepresented in any respect, will be suffic this application, or (ii) immediately discharge me from the Initial:	on provided by me that is found to be false, ient cause to (i) cancel further consideration of			
I expressly authorize, without reservation, the YMCA, contact and obtain information from all references (persolicensing authorities and educational institutions and to other provided by me in this application, resume or job interview	nal and professional), employers, public agencies, nerwise verify the accuracy of all information			
I hereby waive any and all rights and claims I may have re representatives, for seeking, gathering and using such into persons, corporations, organizations for furnishing such in right to make a written request for disclosure of the nature Initial:	ormation in the employment process and all other formation about me. I am aware that I have the			
I understand upon offer of employment, the YMCA 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. Initial:				
I am not a child molester, abuser or pedophile; and have I Initial:	not been accused of being a molester or abuser.			
I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, 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 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may 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 that the employer (the 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 Form in this regard, and				
I certify that I have read, fully understand and accept all terms of the foregoing applicant statement. Do not sign until you have read and initialed the above statements				
Signature of Applicant:	Date:			
Signature of Parent (for applicant under 18 years):				
Parent's Name (please print):				
FOR YMCA USE ONLY:				
Date Received:	Date Contacted:			
Referred to:	Date:			
Referred to:	Date:			
Notes/Comments:				

Revised: July 2011