

APPLICATION FOR EMPLOYMENT

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, ancestry, genetic information, military status, 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.

PERSONAL INFORMATION

Name:		Date:	Phone:	
Email:				
Address:		City/Town:		State:
Years at present address:				
Address:		City/Town:		State:
Years at previous address:				
Are you over 18? 🗌 Yes 🗌 No (If you are under 18, you will be required to present a work permit.) Do you have access to reliable transportation to work? 🔲 Yes 📋 No				
	_	ENT DESIR	RED	
How many hours can you work weekly?		_	Employment desired:	
Desired position(s):				 Part time only Either
Days/times available to work (Note: the Y opens as early as 5:30am and closes as late as 9pm)	Sun Mon Tue Wed Thu Fri Sat			

EDUCATION AND TRAINING

High school:		Graduate? (Y/N)
College/University:		Graduate? (Y/N) Degree:
		Graduate? (Y/N) Degree:
	on, vocational, and/or prof	
		enses held:
Certifications:	_	CPR/AED, valid until:
Are you currently	employed? 🗌 Yes 🔲 No	If yes, can we contact your present employer? 🛛 Yes 🗌 No
Have you ever app	lied to work at the HRYMCA	Abefore? 🗌 Yes 🗌 No
Have you ever bee	n employed by the HRYMCA	or any YMCA before? 🔄 Yes 📋 No
If yes, reason for	eaving:	
	erred to the HRYMCA? 🔲 I	ndeed HRYMCA Website Walk-in mployee Referral, reffered by: Ther (please specify):

EMPLOYMENT DATA

Please list employment relevant to the position you're applying for. You may include work performed on a volunteer basis.

Company name:	Phone:	Dates of to	
Address:	City/Town/	'State:	
Job title:	Supervisor (name and	r title):	
Job duties:			

Company name:	Phone:		Dates of employment:	to
Address:		City/Town/State	:	
Job title:		Supervisor (name and title):		
Job duties:				
Company name:	Phone <u>:</u>		Dates of employment:	to
Address:		City/Town/State	:	
Job title:		Supervisor		
Job duties:				
	U.S. MILITARY	SERVICE D	ΑΤΑ	
Branch:				
Special training or ski	ills:			

REFERENCE DATA

Include at least 2 professional references and 1 personal reference

Name and relationship to applicant	Email address/telephone number

Use the space below to summarize any additional information needed to describe your full qualifications for the specific position you are applying for.

PRE-EMPLOYMENT CERTIFICATION

initial	l 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.
initial	l 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.
initial	l 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 therefrom.
initial	If I am offered employment, I understand and agree that any employment is conditioned upon a satisfactory review of my CORI information. If employed by the YMCA I will abide by the 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.
initial	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.
initial	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.

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