



Employment Application

FOR YOUTH DEVELOPMENT, HEALTHY LIVING, & SOCIAL RESPONSIBILITY

Thank you for your interest in the Worthington Area YMCA!

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, 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 employment.

If you would like to join our team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

PERSONAL INFORMATION

Name:	Date of Application:	Home Phone:
Address:	Cell Phone:	Business Phone:
City/State/Zip:	Email Address:	
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you 18 years of age or older? If hired, do you have a reliable means of transportation to get to work?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Can you perform the essential functions of the job for which you are applying, with or without reasonable accomodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accomodation you will need:		

GENERAL

Position applying for:	Date Available	Acceptable Salary Range:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any conflicts that you have presently that could affect scheduling? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please describe how the Company could accommodate you:		
Have you ever been employed by the Worthington Area YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? Please list additional employment with the YMCA on a separate sheet of paper if needed.	Have you previously applied for employment for any YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? Have you ever been employed by another YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?	
How were you referred to the YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Drop In <input type="checkbox"/> Agency <input type="checkbox"/> Internet <input type="checkbox"/> Other (please specify) Name of referral source indicated above _____		

EDUCATION AND TRAINING

EDUCATION	SCHOOL NAME & LOCATION	DATES	TYPE OF COURSE OR MAJOR	GRADUATED	DEGREE RECEIVED
High School					
College/ University					
College/ University					
Trade, Business, Night or Corres.					

Are you presently in school? ___ Yes ___ No If yes, give expected completion date _____

List courses you are taking:

Highest Degree Earned (Circle One): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate

If not a high school graduate, indicate highest grade completed _____

SPECIAL SKILLS

Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organization which you consider relevant to your ability to perform the job sought

List all current special licenses(es), permit(s), certification(s) and level or credited hours (CPR, Lifeguard, etc.)

Type	Level	Expiration Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience (Microsoft Word, Excel, Typing, Keyboarding, etc.)

REFERENCE DATA

PROFESSIONAL/WORK/PERSONAL REFERENCES WE MAY CONTACT
(One reference must be a close family member.)

NAME	COMPANY	ADDRESS AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

EMPLOYMENT DATA

List all positions you have held, beginning with your most recent. Attach an additional sheet, if necessary.

Company Name		Phone No. ()	
Address (Include Street, City, State, Zip Code)	Dates of Employment From (Mo/Yr) To (Mo/Yr)	Base Rate of Pay Start Final	
Job Title	Supervisor (Name & Title)	May we contact this employer while we are considering your application?	
Description of Job Duties	What did you like most/least about this job?	Reason(s) for terminating or considering a change:	
Company Name		Phone No. ()	
Address (Include Street, City, State, Zip Code)	Dates of Employment From (Mo/Yr) To (Mo/Yr)	Base Rate of Pay Start Final	
Job Title-Start	Supervisor (Name & Title)	May we contact this employer while we are considering your application?	
Description of Job Duties	What did you like most/least about this job?	Reason(s) for terminating or considering a change:	
Company Name		Phone No. ()	
Address (Include Street, City, State, Zip Code)	Dates of Employment From (Mo/Yr) To (Mo/Yr)	Base Rate of Pay Start Finish	
Job Title-Start	Supervisor (Name & Title)	May we contact this employer while we are considering your application?	
Description of Job Duties	What did you like most/least about this job?	Reason(s) for terminating or considering a change:	

PRE-EMPLOYMENT CERTIFICATION

I 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

I 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. I 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 employed by the YMCA I will abide by YMCA 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

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

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 President or Executive Director 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 President or Executive Director 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 the YMCA and myself.

Initial

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

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date