

Employment Application

We're about: Youth Development, Healthy Living and Social Responsibility!

Thank you for your interest in 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, disability, age, or any other status protected by law.

If you would like to join the YMCA staff 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.



**Uniontown Area
YMCA**

Personal Information

Position Applying For: _____ Desired Salary: _____ Date: _____

Preferred YMCA Location: _____ Date Available: _____

NAME: _____ E-mail: _____
Last First MI

Address: _____
Street City State ZIP

Telephone: Home _____ Business _____ Mobile _____

Are you 18 years of age or older? *(If not, you may be required to provide work authorization.)* Yes No

If hired, can you provide verification of your legal right to work in the United States? Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been convicted of a crime, (other than a minor traffic offense) pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. *(A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses.)* Yes No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and provide child abuse prevention training to staff.

Employment Information							
List available days/hours:							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Preferred Job Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> As Needed							
Have you previously been employed by this YMCA or any other YMCA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? At which locations?							
Have you previously been employed by another Childcare Center?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		Where?					
Have you previously volunteered at this YMCA or any other YMCA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		At which locations?					
Do you have any relatives or household members currently working for this YMCA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name(s) and relationship:							
How did you hear about this opening? Select from list							
Name of referral source:							

Education & Training					
Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Describe any non-employment experience such as school or volunteer activities that might strengthen your application:					
Military Service Data					
Branch:		List Special Training or skills:			
Safety & Job Specific Certifications					
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration		

Employment History

List all previous employment during the past seven years starting with the most recent.
Use additional sheets if needed.

Employer	Telephone	<u>Dates Employed</u> From: __/__/__	Summarize the nature of the work performed and job responsibilities.
Address		To: __/__/__	
Job Title	<u>Starting</u> Hourly Rate/Salary		
Immediate Supervisor and Title	\$ ____ per ____		
Reason for Leaving	<u>Ending</u> Hourly Rate/Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ ____ per ____	

Employer	Telephone	<u>Dates Employed</u> From: __/__/__	Summarize the nature of the work performed and job responsibilities.
Address		To: __/__/__	
Job Title	<u>Starting</u> Hourly Rate/Salary		
Immediate Supervisor and Title	\$ ____ per ____		
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ ____ per ____	

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Job Title	<u>Starting</u> Hourly Rate/Salary		
Immediate Supervisor and Title	\$ ____ per ____		
Reason for Leaving	<u>Ending</u> Hourly Rate/Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ ____ per ____	

Employer	Telephone	<u>Dates Employed</u> From: __/__/__	Summarize the nature of the work performed and job responsibilities.
Address		To: __/__/__	
Job Title	<u>Starting</u> Hourly Rate/Salary		
Immediate Supervisor and Title	\$ ____ per ____		
Reason for Leaving	<u>Ending</u> Hourly Rate/Salary		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ ____ per ____	

Please explain any gaps in your employment history.

What other business experience, personal experience or training have you had that may have prepared you for this position?

References: Professional / Personal / Relative

Professional

Name: _____ Position: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate #: _____

Professional

Name: _____ Position: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate #: _____

Personal

Name: _____ Position: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____ Ph: _____

Relative

Name: _____ Position: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____ Ph: _____

Application Acknowledgement and Authorization

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. 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 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 submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

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.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States.

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. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

I understand that the Uniontown Area YMCA is a Drug Free Workplace and that I may be subject to Drug Testing under certain circumstances as outlined in the Employee Guide Book.

Signature: _____

Date: _____

RELEASE AUTHORIZATION

In consideration of my application, I authorize **Uniontown Area YMCA** to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted which may include but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report and personal history. I hereby authorize employers, agencies, personal references and other persons with whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education, military service, credit history and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations, and individuals or companies named above from all liabilities or damages that might result from information provided in good faith. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded or my employment terminated. I understand that the information requested below regarding sex and date-of-birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. * A facsimile (FAX) or photocopy of this authorization shall be as valid as the original.

_____		_____	
(print) Last name	First	Middle	Social Security Number
_____		_____ / _____	
Maiden and/or other name used		Driver's license number / State issued	
_____		_____	
Current address (street)		Date of birth	Sex
_____		_____	
City, State, Zip Code and County		Applicant's signature	

List Previous Address(es), other than that above, for the past seven years:

_____	_____	_____	_____
(street)	(city)	(state)	(zip code)

