



Employment Application

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 un the law.

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

- Be sure to write legibly
- The application and background check must be completed in full
- Read and sign the required areas

Personal Information		
LAST NAME: _____ FIRST NAME: _____ MI: _____		
Email: _____		
Address _____ ST: _____ Zip: _____		
Telephone: Home _____ / _____ - _____ Cell _____ / _____ - _____		
Position Applying For: _____ Date: _____		
Preferred YMCA Location: _____ Date Available: _____		
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, pled no contest, or had adjudication withheld? If yes, please explain. <i>A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses.</i>	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 we provide child abuse prevention training to staff.		

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FOR SOCIAL RESPONSIBILITY**

EMPLOYMENT INFORMATION						
List available days/hours:						
<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Preferred Job Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> As Needed (Sub)						
Have you previously been employed by this or any other YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? At what 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: _____						

EDUCATION				
	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: _____ _____ _____				

SAFETY & JOB SPECIFIC CERTIFICATIONS			
Type: (CPR, First Aid, Lifeguarding, etc.)	Provider	Level	Expiration



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EMPLOYMENT HISTORY starting with the most recent			
Employer #1			
Telephone			
Address		City:	Zip:
Job Title			
Dates Employed	From:	To:	
Job responsibilities			
Supervisor	Name:	Title:	
May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer #2			
Telephone			
Address		City:	Zip:
Job Title			
Dates Employed	From:	To:	
Job responsibilities			
Supervisor	Name:	Title:	
May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please explain any gaps in your employment history.

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

PERSONAL REFERENCES

Name			Years Known:
Address		City	Zip
Telephone	Primary _____ / _____ - _____	Cell _____ / _____ - _____	
Email			

Name			Years Known:
Address		City	Zip
Telephone	Primary _____ / _____ - _____	Cell _____ / _____ - _____	
Email			



EMPLOYMENT SCREENING SERVICES BY CBC INNOVIS

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

COMPANY NAME requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, three (3) years of drug, alcohol and accident history from all Department of Transportation (DOT) – regulated employers, credit history, and motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize CBCInnovis Employment Screening Services and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company’s employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, CBCInnovis Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information		PLEASE PRINT	
Name			
	Last Name	First Name	MI
Current Address			
	Address	City	Zip
Social Security Number			Date of Birth

SIGNATURE

The information provided in this Application is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of any offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Date	Signature
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For Office Use Only	
Requested by: _____	Date: _____
Completed by: _____	Date: _____
Status: <input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved (Forms/2019 Employee Application)