

Employment Application

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 Hourly Rate/Salary</u>						
Immediate Supervisor and Title		\$ _____ per _____					
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>					
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 Hourly Rate/Salary</u>						
Immediate Supervisor and Title		\$ _____ per _____					
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Address		To: ___/___					
Job Title	<u>Starting Hourly Rate/Salary</u>						
Immediate Supervisor and Title		\$ _____ per _____					
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>					
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?							

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. I also understand that before I drive a YMCA vehicle that I will supply an official copy of my driving record. I also understand that if I drive my personal vehicle for YMCA business I will provide my employer with proof of motor vehicle insurance prior to driving.

Initial

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

Initial

In conjunction with my application for employment with you, my prospective employer, I understand that you intend to obtain information regarding my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

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.

Initial

Complete this page if you are applying for a job that involves working with children.

Why do you want to work with and care for children? _____

With what age group or sex do you prefer to work with? _____

What is your philosophy about discipline? _____

What do you do when you are upset or angry about something? _____

Have you ever been accused or convicted of being a pedophile or child abuser? Yes No

If yes, please explain. _____

Other than through employment, how are you involved with children? _____

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

GREATEST STRENGTHS

1. _____
2. _____
3. _____

MOST DIFFICULT PROBLEMS

1. _____
2. _____
3. _____

Professional References: Please list three professional/work references we may contact (Not friends/relatives)

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ / _____
 Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ / _____
 Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ / _____
 Alternate #: _____

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.

Signature: _____ Date: _____