



**Thank you for your interest in the YMCA!**

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

- 

Position Applying for: (check all) ☐ Front Desk ☐ Fun Zone ☐ Manager On Duty ☐ Personal Trainer ☐ Group Exercise Instructor  
☐ Custodial ☐ Out of School Learning ☐ Summer Camp  
☐ Early Learning Lead Teacher ☐ Early Learning Assistant Teacher  
☐ Other:

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? | <input type="checkbox"/> | <b>Yes</b> |
|                                                                                          | <input type="checkbox"/> | <b>No</b>  |

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 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**

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.

## Employment Application

### Employment Information

List available days/hours:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

Preferred Job Status: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ As Needed

Have you previously been employed by this YMCA or any other YMCA? ☐ Yes ☐ No

If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA? ☐ Yes ☐ No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA? ☐ Yes ☐ No

If yes, name(s) and relationship:

How did you hear about this opening?

Name of referral source:

☐ YMCA staff referral

☐ School

☐ Walk-in

☐ YMCA website

☐ YMCA member

☐ Advertisement

☐ Other \_\_\_\_\_

### Education & Training

#### Educational Background

|                                                                      | Name of School | City, State | Diploma Awarded                                                                                     | Degree | Major |
|----------------------------------------------------------------------|----------------|-------------|-----------------------------------------------------------------------------------------------------|--------|-------|
| <input type="checkbox"/> High School<br><input type="checkbox"/> GED |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |
| College                                                              |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |
| Graduate School                                                      |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |
| Vocational/<br>Other                                                 |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><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, CDA, etc.) | Provider | Level | Expiration |
|----------------------------------|----------|-------|------------|
|                                  |          |       |            |
|                                  |          |       |            |
|                                  |          |       |            |

## 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<br>/ | <u>Dates Employed</u><br>From: ____/____ | Summarize the nature of the work performed and job responsibilities. |                                                                                                                          |
|                                                                                                                            |                | To: ____/____                            |                                                                      |                                                                                                                          |
| Address                                                                                                                    |                |                                          |                                                                      |                                                                                                                          |
| 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<br>/ | <u>Dates Employed</u><br>From: ____/____ |                                                                      |                                                                                                                          |
| 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<br>/ | <u>Dates Employed</u><br>From: ____/____ |                                                                      |                                                                                                                          |
| 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<br>/ | <u>Dates Employed</u><br>From: ____/____ |                                                                      |                                                                                                                          |
| 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<br>/ | <u>Dates Employed</u><br>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<br>/ | <u>Dates Employed</u><br>From: ____/____ |                                                                      |                                                                                                                          |
| 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? |                |                                          |                                                                      |                                                                                                                          |
|                                                                                                                            |                |                                          |                                                                      |                                                                                                                          |

**Personal References**

**Do not list relatives or past employers.**

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: \_\_\_\_\_