

FAMILY YMCA APPLICATION FOR EMPLOYMENT

Date _____

PLEASE READ BEFORE COMPLETING APPLICATION

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying. CPR and First Aid certification is a prerequisite for employment.

Position applying for: Front Desk Child Care Counselor Lifeguard Fitness Floor Manager Any

F Name _____ L Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Are you 18 or older? Yes No Are you a veteran? Yes No Dates of service _____

When are you available to start _____ Acceptable salary range \$ _____

What can you work? Part-time Full-time Temporary Days Evenings

Have you ever applied at any this YMCA or any other YMCA? Yes No

Have you ever worked for a YMCA? Yes No If so, when & where? _____

How were you referred to this YMCA? School Friends Ad Drop In Agency Other

Do you have relatives who currently work for the YMCA? Yes No

Are you a US citizen? Yes No If not, do you have recognized authorization to work in the US? Yes No

Have you ever been convicted of a felony? Yes No

List any organization you have done volunteer work for and what you did

Please describe any special skills, training, supervisory experience, certifications, CPR, first aid, lifeguard training, honors, etc

Education Information

Level of Education	Name of School or Institution	# of years completed	Course of Study	Diploma/Degree
High School			Basics	
Undergraduate College				
Post-graduate College				
Technical/Trade School				
Other (specify):				

Part-time Availability (please specify AM or PM)		
	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Employment History <i>List all previous employers. If you need additional space, please continue on a separate sheet of paper. Please list your present or most recent jobs first.</i> If presently employed, may we contact your present employer? Yes No							
Employer	Job Title	Supervisor & Phone #	Start Pay	End Pay	Dates Employed (month & year)	Job Description	Reason for leaving
1.							
2.							
3.							

Please write a small paragraph telling why you would like to work here, what beliefs you share with the YMCA, and why you are suited for this position
