



Family YMCA of Lancaster and Fairfield County

Application for Employment

The Family YMCA is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Family YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete the Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME:	SOCIAL SECURITY #	HOME PHONE NO:
CURRENT ADDRESS:	NUMBER OF YEARS AT CURRENT ADDRESS?	MESSAGE/BUSINESS NO. & EXT.
PREVIOUS ADDRESS:	NUMBER OF YEARS AT PREVIOUS ADDRESS?	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction will not necessarily disqualify you.)		
If yes, please explain:		

EMPLOYMENT DESIRED

Type of position desired:	Date Available:	Salary Desired:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you are applying for a seasonal or part-time position, what hours and days are you available?	Have you ever been employed by the Family Y? <input type="checkbox"/> YES If so, when _____ <input type="checkbox"/> NO	
Have you ever applied at the Family Y before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How were you referred to the Family Y? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk in <input type="checkbox"/> Agency <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____ (Employee's Name)		

U.S. MILITARY SERVICE DATA

BRANCH:
LIST SPECIAL TRAINING OR SKILLS:

EDUCATION AND TRAINING

SCHOOL NAME AND LOCATION	YEARS ATTENDED		GRADUATE? (yes/no)	WHAT DEGREE?	MAJOR/ CREDIT HOURS
	From	To			
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned: (mark only one) <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree					Overall College Average:
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information relevant to the position for which you are applying.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations) Supplement this information by written attachment if applicable <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Child Abuse/Neglect <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Life Saving/Guarding <input type="checkbox"/> Blood Borne Pathogens <input type="checkbox"/> Certified Personal Training <input type="checkbox"/> Certified Aerobics Instructor (please specify if YMCA or Other _____) <input type="checkbox"/> Baby Sitting <input type="checkbox"/> Instructor (please specify type & degree _____) <input type="checkbox"/> Notary State of Ohio <input type="checkbox"/> Other (please explain) _____					
Typing or Keyboarding: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ WPM		Computer Skills: (Word, Excel etc.)		Other: (Fax, Copier, 10 Key etc.)	

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY	
Company Name and Phone Number		Dates of Employment			
Complete Address		From (Mo/Yr)	To (Mo/Yr)		
Starting Job Title	Ending Job Title	Base Rate of Pay			
Supervisor's Name and Title		Start	Final		
Description of Job Duties					

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Complete Address		From (Mo/Yr)	To (Mo/Yr)		
Starting Job Title	Ending Job Title	Base Rate of Pay			
Supervisor's Name and Title		Start	Final		
Description of Job Duties					

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Complete Address		From (Mo/Yr)	To (Mo/Yr)		
Starting Job Title	Ending Job Title	Base Rate of Pay			
Supervisor's Name and Title		Start	Final		
Description of Job Duties					

REFERENCE DATA

PLEASE LIST TWO (2) PROFESSIONAL AND ONE (1) PERSONAL REFERENCES WE MAY CONTACT

NAME	ADDRESS	PHONE

PRE-EMPLOYMENT CERTIFICATION

INITIAL _____ I understand that this application is only valid for the position applied for at present and that the Family 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 Family 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 Family YMCA I will abide by Family 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.

INITIAL _____ If I am offered employment, I understand and agree that I may be required to undergo a physical authorize release of all results or information obtained from such physical examinations.

INITIAL _____ I agree to submit to legally permissible drug and/or alcohol testing upon request by the Family YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Family YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the Family YMCA without prior notice to me.

INITIAL _____ If I am employed by the Family 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 Family YMCA or myself. I understand that other than the General Director no manager, supervisor or representative of the Family 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 General Director or his designate 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 the Family YMCA and me.

My signature below certifies that I have read and understand the foregoing and to the best of knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Family YMCA concerning the nature of my employment, if any, by the Family YMCA and supersedes all prior and /or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Family YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Family YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

The mission of the Family YMCA of Lancaster and Fairfield County is "to put Christian principles into practice through programs that build healthy spirit, mind and body for all". At the YMCA we build strong kids, strong families, strong communities.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPARTMENT USE ONLY

Interviewer's Signature

Date