



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SALT FORK YMCA 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 by law.

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

- Be sure to write legibly.
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

Only applicants chosen for an interview will be contacted.

Personal Information

Position(s) Applying For: _____

Date Available: _____

Name: _____ E-mail: _____
First MI Last

Current Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone: Home ____ / ____ Business ____ / ____ Cellular ____ / ____

Only applicants chosen for an interview will be contacted.

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 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

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.

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 and where? _____

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

If yes, name(s) and relationship: _____

How did you hear about this opening? YMCA Staff Referral YMCA Member
 Name of referral source: School Advertisement
 Walk-in Other _____
 YMCA Website

Education & Training

Educational Background					
	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, CDA, etc.)	Provider	Level	Expiration

Employment History

List all previous employment during the past seven years starting with the most recent.

Employer	Telephone	<u>Dates Employed</u>	Summarize the nature of the work
Address		<u>Starting</u> Hourly Rate/ Salary	
Job Title	Immediate Supervisor and Title		
Reason for Leaving		<u>Ending</u> Hourly Rate/ Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone	<u>Dates Employed</u>	Summarize the nature of the work
Address		<u>Starting</u> Hourly Rate/ Salary	
Job Title	Immediate Supervisor and Title		
Reason for Leaving		<u>Ending</u> Hourly Rate/ Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone	<u>Dates Employed</u>	Summarize the nature of the work
Address		<u>Starting</u> Hourly Rate/ Salary	
Job Title	Immediate Supervisor and Title		
Reason for Leaving		<u>Ending</u> Hourly Rate/ Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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: _____	Relationship: _____	Years Known: _____
Address: _____	City: _____	State: _____ Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: ____ / _____

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

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

Screening Waiver & Release

Please read all statements and sign below:

I, _____, hereby consent to provide a urine specimen for drug/controlled substance testing and a breath sample for alcohol testing for the purpose of determining whether I will be considered for hiring by the Salt Fork YMCA.

I understand that prior to the tests, I am obligated to notify the Salt Fork YMCA if I am undergoing authorized prescribed medical treatment with controlled substances or prescription drugs, reporting the specific drugs or treatment that I am receiving, in order to avoid any confusion in the drug test results.

I understand that if I test "positive" on the drug test or if the breath alcohol test result is greater than .039, I will not be considered for employment with the Salt Fork YMCA.

I accept any employment decision made by the Salt Fork YMCA on the basis of those tests, even though I may not agree that I have been taking any illegal drug or consuming alcohol. I waive any right I might have to complain of the results of the drug test or breath alcohol tests, or of any action taken by the Salt Fork YMCA as a result of such tests, and agree not to initiate or participate in any legal action of any type against the Salt Fork YMCA, its officers, agents or employees and all medical institutions and employees involved in such testing and evaluation. I fully release the Salt Fork YMCA, its officers, agents or employees and all medical institutions and employees involved in such testing and evaluation, from all liability arising from the drug test, breath alcohol test, or in any manner related to my application for or employment with the Salt Fork YMCA.

I authorize any institutions or persons involved in the testing to release any and all information concerning my tests or my condition to the Salt Fork YMCA or its representative.

Signature: _____ Date _____

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 _____



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Salt Fork YMCA Equal Opportunity Questionnaire

The Salt Fork YMCA is committed to provide equal opportunity to all qualified persons in all job classifications in recruitment, selection and promotion without regard to race, color, religion, age, national origin, sex, veteran status or disability. Completion of this form will assist us in complying with Federal regulations. Submission of this information is voluntary and is not considered in employment decisions. This form will be kept separate from the employment application form. This form and your employment application are confidential.

Location where application is being submitted:		Date
Applicant Name (First, Middle, Last)		Social Security Number
Sex:	Date of Birth (Mo., Day, Year)	Signature
Check race/ethnic group: <input type="radio"/> Asian/Pacific Islands <input type="radio"/> American Indian/Native Alaskan <input type="radio"/> Black <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Indian, Continent	Referral Source: <input type="radio"/> Walk-in <input type="radio"/> Advertisement <input type="radio"/> Agency <input type="radio"/> Employee Referral <input type="radio"/> Employee Name: <input type="radio"/> Rehire <input type="radio"/> School Referral <input type="radio"/> State Job Service	Check if applicable: <input type="radio"/> Vietnam Era Veteran (served on active duty for more than 180 days from August 5, 1964 to May 7, 1975) <input type="radio"/> Disabled Veteran V.A. Disability Percentage: ____% <input type="radio"/> Veteran, other <input type="radio"/> Disabled
Please consider me for the following position:		