

# 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 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

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