



EMPLOYMENT APPLICATION

Thank you for your interest in the Defiance Area YMCA!

The Defiance Area 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.

Personal Information

Position Applying For:	_____	Date:	_____
Name:	_____		
	First	Middle	Last
Address:	_____		
	Street	City	State Zip
Telephone:	Home _____	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 U.S.?

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 adjunction withheld? If yes, please provide a date, location, charges and complete explanation of all offenses. (A conviction will not necessarily bar employment. The Defiance Area YMCA may consider the nature, date and circumstances of the offenses.)

Yes No

Employment Information

List available days/hours

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

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

Have you ever been employed by the Defiance Area YMCA or any other YMCA?

If yes, when? At which locations? _____

How did you hear about this opening?

Name of referral source:

- YMCA staff referral YMCA member
- School Advertisement
- Walk-in Other
- YMCA website

Education & Training

Educational Background

	Name of School	City/State	Diploma Awarded	Degree	Major
High School 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

Lists all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.

Employer	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Telephone		
Address	To:	
Job Title		
Immediate Supervisor and Title	Starting Wage	
Reason for Leaving	\$	
	Ending wage	
	\$	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Employer	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Telephone		
Address	To:	
Job Title		
Immediate Supervisor and Title	Starting Wage	
Reason for Leaving	\$	
	Ending Wage	
	\$	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Employer	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Telephone		
Address	To:	
Job Title		
Immediate Supervisor and Title	Starting Wage	
Reason for Leaving?	\$	
	Ending Wage	
	\$	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Employer	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Telephone		
Address	To:	
Job Title		
Immediate Supervisor and Title	Starting Wage	
Reason for Leaving	\$	
	Ending Wage	
	\$	
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?

Application Acknowledgement and Authorization

Please read all the statements and sign below:

I authorize both the Defiance Area YMCA (hereafter referred to as 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 that this application or any other document submitted in connection with the YMCA employment will result in denial of employment or termination 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 to the 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: _____