



## Indiana County YMCA Employment Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department of interest  Aquatics  Health & Wellness  Membership  Youth and Family  Sports  Facilities

Position(s) applying for \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No      Are you eligible to work in the United States?  Yes  No

Are you currently a college student?  Yes  No      If yes, where? \_\_\_\_\_

If yes, what is your major? \_\_\_\_\_      If no, who is your current employer? \_\_\_\_\_

Have you ever volunteered at a YMCA?  Yes  No

If yes, in what capacity? \_\_\_\_\_ When: \_\_\_\_\_

List any relatives who work for the YMCA: \_\_\_\_\_

Have you ever been discharged from a job?  Yes  No      If yes, please explain below :  
\_\_\_\_\_

### Availability

Date available to start work \_\_\_\_\_

Length of employment desired:  Summer       Seasonal       Less than 1       Over 1 year

Days of week availability

**Day**

**Earliest time**

**Latest time**

Sunday

\_\_\_\_\_

\_\_\_\_\_

Monday

\_\_\_\_\_

\_\_\_\_\_

Tuesday

\_\_\_\_\_

\_\_\_\_\_

Wednesday

\_\_\_\_\_

\_\_\_\_\_

Thursday

\_\_\_\_\_

\_\_\_\_\_

Friday

\_\_\_\_\_

\_\_\_\_\_

Saturday

\_\_\_\_\_

\_\_\_\_\_

What type of employment are you seeking:  Full time       Part time      Seasonal Dates \_\_\_\_\_



Number of hours you prefer each week: \_\_\_\_\_ Maximum number of hours you can work each week: \_\_\_\_\_

Would you be willing to work overtime when needed?  Yes  No

Would you be willing to work a schedule that changes from week to week?  Yes  No

Would you be willing to work holidays (excluding Thanksgiving Day, Christmas Day and Easter)?  Yes  No

If hired, the hours you have listed will be taken into consideration in our scheduling process. If you have any conflicts that would prevent you from working certain hours, please list them below:

\_\_\_\_\_

List any special skills, training or certifications you may have.

\_\_\_\_\_

Is there anything else you would like us to know about you in considering your application for employment?

\_\_\_\_\_

**Education**

School

Degree/Diploma

\_\_\_\_\_

\_\_\_\_\_

**Work History**

List below your most recent employers, beginning with the current or most current one

Company name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address (City, State and Zip) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Starting date \_\_\_\_\_ Date of leaving \_\_\_\_\_ Pay level at leaving \_\_\_\_\_

Company name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address (City, State and Zip) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Starting date \_\_\_\_\_ Date of leaving \_\_\_\_\_ Pay level at leaving \_\_\_\_\_

Company name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address (City, State and Zip) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Starting date \_\_\_\_\_ Date of leaving \_\_\_\_\_ Pay level at leaving \_\_\_\_\_



State reason and length of any inactivity between employers: \_\_\_\_\_

\_\_\_\_\_

May we contact your present employer for a work reference?  Yes  No

**References** (minimum of 3 professional references and two personal references)

**Professional References**

Name \_\_\_\_\_ Telephone number \_\_\_\_\_ Email Address \_\_\_\_\_

Address (inc. City, State and Zip) \_\_\_\_\_

How long known? \_\_\_\_\_ How known? \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_ Email Address \_\_\_\_\_

Address (inc. City, State and Zip) \_\_\_\_\_

How long known? \_\_\_\_\_ How known? \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_ Email Address \_\_\_\_\_

Address (inc. City, State and Zip) \_\_\_\_\_

How long known? \_\_\_\_\_ How known? \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Telephone number \_\_\_\_\_ Email Address \_\_\_\_\_

Address (inc. City, State and Zip) \_\_\_\_\_

How long known? \_\_\_\_\_ How known? \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_ Email Address \_\_\_\_\_

Address (inc. City, State and Zip) \_\_\_\_\_

How long known? \_\_\_\_\_ How known? \_\_\_\_\_

I hereby give my permission for the YMCA to check my references and with my past employers.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To assist us in verifying your prior employment, have you ever worked under another name?  Yes  No

If yes, list name(s): \_\_\_\_\_

NOTE: We intend to fully verify all information on your application. Falsification or omission of information may disqualify you from employment and or lead to termination. We will be checking references and former employers for past performance.



### **Employee Selection Process:**

Thank you for your interest in the YMCA. Our commitment to excellence begins with hiring the most qualified candidates. We want to provide you with information about the YMCA to help you make an informed decision to apply. BEFORE you begin the formal application process, please read this statement of basic standards and requirements. If you feel that you can comply, we welcome your application. Please acknowledge your understanding of the following by signing your name on the line provided below.

#### **Background Checks**

The YMCA will conduct an extensive background check which may include verification with the Social Security Administration, Department of Motor Vehicles, criminal courts, state and county repositories of criminal records, credit bureaus, and former employers. Falsification of information or failure to provide information can result in disqualification or termination if discovered after hire.

#### **Requirements before Hiring**

The YMCA requires that all employees have current CPR & First Aid training and Child Abuse Prevention training. We will do a criminal record before you begin employment. All required forms must be completed and in your personnel file before you can start work. These forms include but are not limited to employee handbook receipt, blood borne pathogens training receipt, statement of permanent address, and emergency action plan receipt.

I understand the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation

#### **Customer Satisfaction**

All YMCA employees must be committed to providing our members and program participants with knowledgeable and friendly assistance whenever needed, regardless of where each staff person performs their job.

Our Employee Pledge is “to provide an environment for our members and guests which is safe, clean, enjoyable and fun!” The Indiana County YMCA is a not-for-profit service organization. Our mission to “put Christian principles into practice through programs that build healthy spirit, mind, and body for all”, in all of our programs and services. A YMCA membership is that a person is of good moral character and is in sympathy with the YMCA and its mission. When you work for the YMCA, you are employed by the number 1 non-profit organization in the country, as cited in the Nonprofit-Times.

#### **Applicant's Statement**

I have read and understand the employee selection process utilized by the YMCA. I understand that if hired, my employment is employment at will. (“Employment at will” means employees may end their employment at any time for any reason and the employer (the YMCA) may terminate employees at any time for any reason or no reason, with or without cause.) I further certify that answers given herein are true and complete. I understand that in event of employment, any false or misleading information given in my application or interview(s) may result in discharge. I also understand, that I am required to abide by all rules and regulations of the YMCA of Indiana County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The YMCA of Indiana County is an Equal Opportunity Employer (EOE)