



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Indiana County APPLICATION FOR EMPLOYMENT

- The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment based on race, color, religion, national origin, sex, sexual orientation or gender identity, disability, age or any other status protected by law.
- Be sure to write legibly, read and sign the last page of the application as well as signing the employee selection process.
- The application must be completed in full, do not leave blank spaces or write "see resume" in response to any question.
- Multiple pages can be used to list your work experience.

Rank by Number in Order of Preference

Department(s) of Interest: ☐ Aquatics ☐ Camp ☐ Facilities ☐ Family & Youth ☐ Membership ☐ Wellness & Sports

Primary Position Applying For: _____ Today's Date: ____/____/____

Have you ever 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? At which locations? _____

Do you have any relatives or household members currently working for this YMCA? YES ☐ NO ☐

If yes, please state their name and relationship to you. _____

Please list how you learned about this opening: ☐ YMCA Website ☐ YMCA Member ☐ YMCA Staff ☐ School
☐ Advertisement ☐ Walk-In ☐ Job Posting Site/Other: _____

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ MI _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Primary Phone: (____) _____ Email: _____

Are you 18 years of age or older? (If not, you may be required to provide a work permit.) YES ☐ NO ☐

If not, please provide a Parent or Guardian's email address: _____

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 adjunction withheld? YES ☐ NO ☐

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.

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.

EMPLOYMENT INFORMATION

List available days/hours:

When Can You Start? ____/____/____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |
| | | | | | | |

Preferred Job Status: ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ As Needed Desired # of Hours: _____

Are you willing to work overtime when needed? YES ☐ NO ☐

Are you willing to work a schedule that changes from week to week? YES ☐ NO ☐

Are you willing to work holidays (excluding Easter, Thanksgiving Day, Christmas Day and New Year's Day)? YES ☐ NO ☐

Times listed above will be taken into consideration. Please list any conflicts preventing you from working certain days/hours.

Seasonal Dates: _____

EDUCATION & TRAINING

Educational Background

| | Name of School | City, State | Degree | Major | Diploma Awarded |
|--|----------------|-------------|--------|-------|---|
| <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 |

Please list any skills, qualifications and/or trainings that have prepared you for this position: _____

Note: The YMCA of Indiana County complies with ADA and considered reasonable accommodation measures that may be necessary for eligible applicants/employee to perform essential job functions.

Safety & Job Specific Certifications

| Type (CPR, First Aid, CDA, Personal Trainer, Etc.) | Provider | Level | Expiration |
|--|----------|-------|------------|
| | | | |
| | | | |

EMPLOYMENT HISTORY

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

| | | | |
|---------------------|--|-------------------------------|--|
| Employer | Telephone | Job Title | |
| City, State | Email | Job Duties | |
| Dates of Employment | Start: ____/____/____ End: ____/____/____ | Supervisor | |
| Reason for Leaving | | May we contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---------------------|--|-------------------------------|--|
| Employer | Telephone | Job Title | |
| City, State | Email | Job Duties | |
| Dates of Employment | Start: ____/____/____ End: ____/____/____ | Supervisor | |
| Reason for Leaving | | May we contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---------------------|--|-------------------------------|--|
| Employer | Telephone | Job Title | |
| City, State | Email | Job Duties | |
| Dates of Employment | Start: ____/____/____ End: ____/____/____ | Supervisor | |
| Reason for Leaving | | May we contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain any gaps in your employment history: _____

PROFESSIONAL/PERSONAL REFERENCES

2 professional references (or letters of recommendation)
and 1 personal non-relative reference

| | | | |
|----------------|--------------|------------|--------------------------------------|
| Name: _____ | | | Occupation: _____ Years Known: _____ |
| Address: _____ | | | Phone Number: (____) _____ |
| City: _____ | State: _____ | Zip: _____ | Email: _____ |

| | | | |
|----------------|--------------|------------|--------------------------------------|
| Name: _____ | | | Occupation: _____ Years Known: _____ |
| Address: _____ | | | Phone Number: (____) _____ |
| City: _____ | State: _____ | Zip: _____ | Email: _____ |

| | | | |
|----------------|--------------|------------|--------------------------------------|
| Name: _____ | | | Occupation: _____ Years Known: _____ |
| Address: _____ | | | Phone Number: (____) _____ |
| City: _____ | State: _____ | Zip: _____ | Email: _____ |

APPLICATION ACKNOWLEDGMENT 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 regarding any relevant information that may be required to reach an employment decision. I agree to hold such people 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.

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 is at-will and can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or me. 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 YMCA and me.

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. If hired, I agree to always abide by YMCA policies and rules. I acknowledge that I have read the above statements and understand them.

Print Name: _____ Signature: _____ Date: ____/____/____

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.

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

Background Checks

The YMCA may 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, and former employers as appropriate to the job function. 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 clearances. You will need to provide a current (w/in 2 years) **PA Criminal Check, PA Child Abuse Clearance** and an **FBI Clearance** through the Department of Human Services. The FBI Clearance cost is reimbursable upon receipt of the clearance stating you are eligible for hire. If you have not lived in Pennsylvania continuously for the last five (5) years, you need to provide a Criminal Clearance from that/those states before you can be employed. All required pre-employment documents must be completed and submitted before you can start work.

Requirements of working at our YMCA include current Mandated Reporter training (prior to the 5 year expiration) and is expected to be obtained and submitted within 30 days of employment. During the period when the certificate has not been received, you will be in a provisional status. A provisional status cannot exceed 45 days and the certificate of completion must be received to avoid separation of employment.

First Aid, CPR/AED certification is required for all YMCA staff and must be submitted within 90 days of employment. This training may be obtained through the YCMA for a small fee. Documents included during the on-boarding process include but are not limited to: the Employee Handbook Acknowledgment, Code of Conduct, and Disclosure Statement required by the Child Protective Service Law. 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. Allegations which are confirmed will result in immediate termination of employment.

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 our programs and services. A YMCA team member should be a person who is of good moral character and aligns with the YMCA and its mission. When you work for the YMCA, you are employed by the number one (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 employment at any time, for any reason or no reason, with or without cause.) I further certify that the answers given herein are true and complete. I understand any false or misleading information given in my application or interview(s) may result in separation of employment. I also understand that I am required to abide by all rules and regulations of the YMCA of Indiana County.

Print Name: _____ Signature: _____ Date: ____/____/____

For questions or to send in your application, please email jobs@icymca.org.