



Tri-County YMCA Employment Application

Thank you for considering the Tri-County YMCA for your employment experience. It is our goal to attract and retain individuals who are committed to serving others. Our mission: "To put Christian Principles into practice through programs to build a healthy spirit, mind and body for all."

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Tri-County YMCA.

Check one: Volunteer _____ Part-time _____ Full Time _____

Name: _____
First M.I. Last

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

E-mail Address: _____

Is applicant over 18 years of age: Yes _____ No _____

If you are under 18, and it is required, can you furnish a work permit? Yes _____ No _____

Employment Positions: (Check each area of interest)

Child Watch _____ Courtesy Desk _____ Fitness Instructor _____

Personal Trainer _____ AfterSchool Youth Mentor _____ Other _____

Indicate days and times available for work:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
am	_____	_____	_____	_____	_____	_____	_____
pm	_____	_____	_____	_____	_____	_____	_____

Education:

High School _____ Years Completed: 1 2 3 4

Year of graduation: High School _____ College _____

College _____ Major _____

Other _____

Employment History: (list most recent employment first)

Company _____ Position _____

Address _____ Supervisor _____

Telephone _____

Summarize type of work performed and job responsibilities

Starting Compensation \$ _____ per hour/week/month

Ending Compensation \$ _____ per hour/week/month

Dates of employment start ____ / ____ to end ____ / ____

Reason for leaving _____

May we contact for reference? Yes _____ No _____

Company _____ Position _____

Address _____ Supervisor _____

Telephone _____

Summarize type of work performed and job responsibilities

Starting Compensation \$ _____ per hour/week/month

Ending Compensation \$ _____ per hour/week/month

Dates of employment start ____ / ____ to end ____ / ____

Reason for leaving _____

May we contact for reference? Yes ___ No ___

Special Training: (list expiration dates where applicable)

CPR _____ First Aid _____ Lifesavings _____

Swim Lessons _____ Level & Age taught _____

Other workshops, training skills, licenses and/or certifications that may assist you in performing the position you are applying for:

References: (one family member, one personal)

Name _____ Length of association _____

Address _____ Phone _____

Name _____ Length of association _____

Address _____ Phone _____

Other:

Please write a brief statement about why you would like to work at the YMCA.

Applicant Statement

I understand that if I am employed by the Tri-County YMCA that I must obtain First Aid and Safety/CPR certification, according to the needs of the position, within 90 days of employment. This training will be at my own expense. Failure to do so within 90 days of hire may result in the termination of my employment with the Tri-County YMCA.

I certify that all the information I have provided in order to apply for and secure employment with the Tri-County YMCA is true, complete and accurate. Any information provided by me that is found to be false, incomplete or misrepresented in any respect will be cause to eliminate me from further consideration or may result in my immediate discharge if discovered after I am hired.

I understand that the Tri-County YMCA is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state and federal law.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a Form I-9 in this regard.

I consent to a limited criminal background check being performed based upon the information provided in this application for employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: _____