

# FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY



Personal Inf	formation						
Position Applying I	For:	То	day's Date:		ู When Can You	ı Start?:	
Name: Last			First		MI		
						Zip	
Emergency Contac	:t:		F	hone:			
Are you 18 years o	f age or older? (If	not, you may be re	quired to provid	e work authorizatio	n.)	Yes I	
If hired, can you pr	ovide verification	of your legal righ	t to work in the	United States?		☐ Yes ☐ N	
Can you perform th	ne essential functi	ons of the job for	which you are a	pplying, with or wi	thout reasonat	ole Yes N	
accommodation?						☐ Yes ☐ N	
If yes, please provio (A conviction will no					and circumstand	es of the offenses.)	
procedures, there are un abuse to occur and we to Employmen	s of child abuse are take ischeduled visits from si alk with children about p	en very seriously at the upervisors, we have an personal safety and too	YMCA and will be re open door for paren	ported to the proper au ts, and we have a code (	of conduct for staff	gation. We have abuse rep . We minimize opportunitie seing hired.	
List available days	Monday	Tuesday	Wodnosday	Thursday	Eriday	Saturday	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Preferred Job Stat	us: 🗌 Full-Tim	e 🗆	Part-Time	☐ Seasonal	☐ As Ne	eded	
Have you previous	ly been employed	by this YMCA or a	ny other YMCA?	•			
If yes, whe	n and where?						
Have you previous	ly volunteered at	this YMCA or any	other YMCA?				
If yes, whe	n and where?						
If yes, whe	n and where?elatives or househo	old members curre	ently working fo				
If yes, whe  Do you have any re  If yes, nam	n and where?elatives or househore(s) and relationsh	old members curro	ently working fo	r this YMCA?			
If yes, whe	n and where?elatives or househore(s) and relationshed wages / salary r	old members curro ip:	ently working fo	r this YMCA?	eferral [		
If yes, whe  Do you have any re  If yes, nam  What is your desire	n and where?elatives or househoue(s) and relationshoed wages / salary rebout this opening	old members curro ip:	ently working fo	r this YMCA?	eferral [	YMCA Member	

# **Education & Training**

Educational B	ackground							
	Name of Scho	ool City, State	Diploma	a Awarded	Year Completed	Degree	Major	
High School			Yes					
☐ GED			No In Prog	ress 🗌				
College			Yes No In Prog	ress 🗌				
Graduate School			Yes No In Prog	ress 🗌				
Vocational / Other			Yes No In Prog	ress 🗌				
Describe any non-e	mployment ex	perience such as s	chool or volunt	eer activiti	es that might stre	ngthen your a	oplication:	
Safety & Job	Specific Ce	ertifications						
· · · · · · · · · · · · · · · · · · ·		Provider	der		Level		Expiration	
Additional Inf		ng, apprenticeshi	ps, skills, or e	xperiences	s that may be bene	eficial in work 	ing at the YMCA.	

## **Employment History**

List all previous employment during the past seven years

Starting with the most recent. Use additional sheets if needed

			1	
Employer	Date E	mployed Hour		e / Salary
Address	From	То	Starting	Final
Telephone				
Job Title	Work Perfor	med		
Supervisor				
Reason for leaving		May we Contact? Yes No		
Employer	Date E	mployed Hour Rate /		e / Salary
Address	From	То	Starting	Final
Telephone				
Job Title	Work Perfor	formed		
Supervisor				
Reason for leaving		May we Cont	act? Yes	No
Employer	Date E	mployed Hour Rate / Salar		
Address	From	То	Starting	Final
Telephone				
Job Title	Work Perfor	med		
Supervisor				
Reason for leaving		May we Contact? Yes No		
Employer	Date E	mployed Hour Rate A		e / Salary
Address	From	То	Starting	Final
Telephone				
Job Title	Work Perfor	Work Performed		
Supervisor				
Reason for leaving		May we Cont	act? Yes	No
Comments: Include explanation of any gaps in employment:				

### **Personal References** Please only list one relative. \_\_\_\_\_ Occupation:\_\_\_\_\_ Years Known:\_\_\_\_\_ Address:\_\_\_\_\_ City, State, Zip: Email: Phone:( ) Alternate #:( ) Name:\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_ Years Known:\_\_\_\_\_ Address:\_\_\_\_\_ City, State, Zip:\_\_\_\_\_ Phone:( ) Alternate #: ( ) Name:\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_ Years Known:\_\_\_\_\_ Address:\_\_\_\_\_ City, State, Zip:\_\_\_\_\_\_ **Application Acknowledgement 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 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 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 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 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. I understand that the YMCA is an equal opportunity employer and does not discriminate in the 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. Signature:\_\_\_\_\_ Date:\_\_\_\_

#### Norfolk Family YMCA

301 W. Benjamin Ave \* Norfolk, NE 68701 P 402-371-9770 \* F 402-371-9162 Www.norfolkymca.org

#### **FOR OFFICE USE ONLY:**

Date Application Received:\_\_\_\_\_

Staff That Received Application:\_\_\_\_\_

Application Given To:\_\_\_\_\_

Reviewed By: