

Date:	

Personal Data										
Last	First		Middle							
Preferred Name/Nick	referred Name/Nickname E-mail									
Address										
City	State		Zip Code							
		•	Evening Pho	ne #						
•	Are you:									
	☐Yes ☐No over age 18? ☐Yes ☐No legally permitted to work in the United States?									
	res into legally permitted	to work in the officed 2								
=	employed by a YMCA?									
Do you have any rela	tives employed by the YMC	A? ∐Yes ∐No	If yes, give the nar	ne						
Employment Data										
Position Desired: 1)		2)								
Areas of Interest: 1)										
Rate of pay expecte	Rate of pay expected:									
	work: Type of hours:□Full T		sonal/Temporary							
□Morning □Dove	□Evanings □Other									
	□Evenings □Other									
Do you have valid CPR and First Aid Certifications?□Yes □No										
Please list other skills/certifications you possess directly related to the position										
Education	_									
Education	Name and Location	Degree Earn	ed & Major	Credit Hours	GPA					
High School		Diploma? □Yes □No								
Diploma/GED										
Collage or University	,									
Graduate or										
Professional										
Other										
Circle Highest grade completed	9 10	11 12 GED 1	3 14 15 16	17 18						

Employment History: Provide a minimum two (2) Years history, attach additional sheet if necessary.				
1.	Current/Last Employer			Attach Resume
	••		Phone Number	
			Employment Dates	
			Job Title	
	•			
	-			
	May we contact? ☐Yes ☐No			
2.	Current/Last Employer			
	**		Phone Number	
			Employment Dates	
	•		Job Title	
	·			
	-			
	May we contact? ☐Yes ☐No			
3.	Current/Last Employer			
			Phone Number	
			Employment Dates	
	•		Job Title	
	•			
	May we contact? Yes No			
	May we contact: Tes Tho			
Ref	ferences			
	Professional References—list two (2) peop	alo (no rolativos) vou havo v	vorked with and whom we may contact	
'	riolessional References—list two (2) peop	he (no relatives) you have w	Torked with and whom we may contact.	
ı	Name	Title	Daytime Phone	
			·	
ı	Name	Title	Daytime Phone	
	Personal References—list two (2) people (1 must be a family mamber	Lyou know whom we may contact	
'	reisoliai kelelelices—list two (2) people (i must be a rammy member)	you know whom we may contact.	
ı	Family Member Name		Daytime Phone	
	Name		Daytime Phone	
			Baytime i none	
				1
	ead Carefully Before Signing:			
	· · · · · · · · · · · · · · · · · · ·		ograms that build healthy bodies, minds, and spirits for all. cation are true and complete. I understand that I will be subject to	immediata
	•	, ,,	t I have omitted, misstated, or falsified information on this applic	
	simssar of refusal to fine it at any time the ro ny time during the hiring process.	unuation TMCA discovers that	t mave omitted, misstated, or raismed information on this applic	ation of at
	I understand that receipt of this application	does not imply that I will be er	nploved.	
		• •	y the statements, documentation, and information on this applica	tion,
			d investigations, criminal convictions, motor vehicle history, and	
re	ports. I authorize all previous employers or o	ther persons who have knowle	edge of me, or my records, to release such information to the YM0	A. I hereby
re	lease any individual and the YMCA from all cl	aims or liabilities whatever ma	y arise from the disclosure of such information.	
5.	I understand that all employees of the YMCA	are employees at will. If hired	l, I will be free to resign at any time. Likewise, the YMCA will have	the right to
	rminate my employment at any time with or v	•		
			and I agree to uphold its mission, values, ideals, and policies.	
			e to any question will not be used as a basis for discrimination bu	t will be
ju	dged on its relevance to the positions you are	seeking.		
М	ly signature certifies that I have read and agr	ee with the above statements.		
Si	gnature of Applicant:		Date:	