



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHAMBERSBURG MEMORIAL YMCA EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA!

The Y is an equal opportunity employer and does not discriminate in 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.

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full.
- Read and sign the last page of the application.

Personal Information

Position Applying For: _____ Date Available: _____

Name: _____ E-mail: _____
Last First MI

Address: _____
Street City State Zip

Telephone: Primary _____ Secondary _____

Are you 18 years of age or older? If not, you will be required to provide work authorization. ☐ Yes ☐ No

If hired, can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No

Do you certify that you are suitable for a position of trust with our members/program participants? ☐ Yes ☐ No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations? ☐ Yes ☐ No

Have you ever been convicted of a felony, child abuse or sex-related crimes?
If yes, please provide date, location, charges and a complete explanation of all offenses.
A felony conviction will not necessarily bar employment. The YMCA will consider the nature,
date and circumstances of the offenses. ☐ Yes ☐ No

Notice to All Applicants: The YMCA has a zero tolerance policy for any form of abuse or mistreatment of youth and 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. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

U.S. Military Service Data

Are you currently serving or have you ever served in the U.S. Military? ☐ Yes ☐ No
If yes, please list branch and years of service.

Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ As Needed

Have you previously 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, name(s) and relationship:

How did you hear about this opening?

Name of referral source:

☐ YMCA staff referral

☐ School

☐ Walk-in

☐ YMCA website

☐ YMCA member

☐ Advertisement

☐ Agency

☐ Other _____

Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
<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		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, 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	<u>Dates Employed</u> From: ____ / ____ To: ____ / ____	Summarize the nature of the work performed and
Address		<u>Starting</u> Hourly Rate/Salary \$ _____ per _____	
Job Title			
Immediate Supervisor and Title		<u>Ending</u> Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone	<u>Dates Employed</u> From: ____ / ____ To: ____ / ____	Summarize the nature of the work performed and job responsibilities
Address		<u>Starting</u> Hourly Rate/Salary \$ _____ per _____	
Job Title			
Immediate Supervisor and Title		<u>Ending</u> Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone	<u>Dates Employed</u> From: ____ / ____ To: ____ / ____	Summarize the nature of the work performed and job responsibilities
Address		<u>Starting</u> Hourly Rate/Salary \$ _____ per _____	
Job Title			
Immediate Supervisor and Title		<u>Ending</u> Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone	<u>Dates Employed</u> From: ____ / ____ To: ____ / ____	Summarize the nature of the work performed and job responsibilities
Address		<u>Starting</u> Hourly Rate/Salary \$ _____ per _____	
Job Title			
Immediate Supervisor and Title		<u>Ending</u> Hourly Rate/Salary \$ _____ per _____	
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please explain any gaps in your employment history.

What other business experience, personal experience or training have you had that may have prepared you for this position (i.e. computer skills, training, supervision experience, etc.)?

Volunteer History

List previous volunteer opportunities starting with the most recent.

Company/Organization	Telephone	<u>Dates Volunteered</u> From: ____ / ____ To: ____ / ____
Address		
Supervisor	May we contact? Yes No	
Role/Responsibilities		

Company/Organization	Telephone	<u>Dates Volunteered</u> From: ____ / ____ To: ____ / ____
Address		
Supervisor	May we contact? Yes No	
Role/Responsibilities		

Company/Organization	Telephone	<u>Dates Volunteered</u> From: ____ / ____ To: ____ / ____
Address		
Supervisor	May we contact? Yes No	
Role/Responsibilities		

Company/Organization	Telephone	<u>Dates Volunteered</u> From: ____ / ____ To: ____ / ____
Address		
Supervisor	May we contact? Yes No	
Role/Responsibilities		

Personal/Professional References

Name: _____ Relationship To Applicant: _____ Years Known: _____
Occupation: _____ Primary Phone: _____/_____
Email: _____ Alternate Phone: _____/_____

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Occupation: _____ Primary Phone: _____/_____
Email: _____ Alternate Phone: _____/_____

Name: _____ Relationship To Applicant: _____ Years Known: _____
Occupation: _____ Primary Phone: _____/_____
Email: _____ Alternate Phone: _____/_____

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 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 checks.

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, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. 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 myself and the YMCA.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination and that my offer of employment will be conditional upon that examination. I agree to authorize release of all results or information obtained from such physical examinations. I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, file cabinet, computer files, desk, etc.) are open to investigation by the YMCA without prior notice to 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. 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. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work. 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.

Signature: _____ Date: _____