



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Burlington Area YMCA

Application For Employment

(Equal Opportunity Employer)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question of this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY.)

PERSONAL DATA

Name _____ Date _____
Last First Middle
Current Telephone: Home _____ / _____
Address _____ Business _____ / _____
Street City Zip

Last Previous Address _____ to _____
Street City Zip Dates living at this address

List other cities, countries and states where you have lived/worked:

City	Country	State	Number of Years	City	Country	State	Number of Years
------	---------	-------	-----------------	------	---------	-------	-----------------

City	Country	State	Number of Years	City	Country	State	Number of Years
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Are you 18 years of age, or over? Yes No Are you a veteran? Yes No _____
If yes, Dates of Service

Are you authorized to work in the United States? Yes No
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used during prior employment _____
Maiden Name, Other Surnames, Etc.

FURNISH THIS INFORMATION ONLY IF REQUESTED

Social Security Number _____ Driver's License Number _____ State _____ Class _____

How many moving violations during the last 3 years? _____

Do you currently have liability insurance? _____

GENERAL

Applying for position as _____ Acceptable Salary Range _____
 Full-time Part-time Temporary Notice Required _____

Date Available _____

If applying for seasonal work, are you available to work during the school term? Yes No

Have you previously applied for employment at any YMCA? Yes No

Worked for any YMCA? Yes No If so, when? _____ Location _____

How were you referred to the YMCA? Employee Advertisement School Drop In Agency
Other _____

Name of referral source indicated above _____

Have you failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position?

Yes No If yes, give dates and
circumstances _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

If a job description is provided with this application are you able to perform all of the tasks with or without an
accommodation?

Yes No

Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of
accommodation you will
need: _____

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF- EMPLOYMENT AND VOLUNTEER WORK.

Current, or last, employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name of your direct supervisor _____ Your title _____

Briefly describe your responsibilities:

Any experience with children? Yes No If yes,
describe _____

Reason(s) for terminating, or considering a
change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name of your direct supervisor _____ Your title _____

Briefly describe your responsibilities:

Any experience with children? Yes No If yes,
describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name of your direct supervisor _____ Your title _____
Briefly describe your responsibilities:

Any experience with children? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name of your direct supervisor _____ Your title _____

Briefly describe your responsibilities:

Any experience with children? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name of your direct supervisor _____ Your title _____

Briefly describe your responsibilities:

Any experience with children? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes No

A convictions record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by law.

Have you ever been convicted, plead guilty, no contest or had a suspended imposition of sentence of any offense? Yes No

If yes, please explain: _____

COMPLETE IF APPLYING TO WORK WITH CHILDREN

Why do you want to work with and care for children? _____

With what age group or sex do you prefer to work? Why? _____

What is your philosophy about discipline? _____

What do you do when you are upset or angry about something? _____

Other than through employment, how are you involved with children? _____

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

GREATEST STRENGTHS

1. _____
2. _____
3. _____

MOST DIFFICULT PROBLEMS

1. _____
2. _____
3. _____

EDUCATION

	Print Name, City and State		Types of Course		
	For Each School Listed	Degree Received	Dates	Or Major	Graduated?
High School	_____	From _____ To _____			
College	_____	From _____ To _____			
College	_____	From _____ To _____			
Trade, Bus., Night, or Corres.	_____	From _____ To _____			
Other	_____	From _____ To _____			

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking

If not a high school graduate, indicate highest grade completed _____

If not a high school graduate, have you earned a General Education Development (GED) or high school equivalency?
Yes No

SPECIAL SKILLS

Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought.

List all current special license(s), permit(s), certification(s) and level or credited hours. (CPR, Lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience

PERSONAL REFERENCES (Not Employers)

List four references. *At least one reference must be a family member.*

NAME AND HOME ADDRESS	FIRM NAME/ADDRESS, IF APPLICABLE	PHONE NUMBERS	KNOW IN WHAT CAPACITY? (friend, pastor, etc.)	HOW LONG KNOWN?
		Day: _____ Eve.: _____		
		Day: _____ Eve.: _____		
		Day: _____ Eve.: _____		
		Day: _____ Eve.: _____		

LIST BELOW THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Burlington Area YMCA. I authorize the YMCA, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I also understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment and all other terms and conditions of employment and subject to modification of change by the YMCA at the YMCA's discretion.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on the problem of child abuse.

I understand that beginning and continuing employment at the YMCA depends, in part, on the following:

1. Passing a drug screen and/or physical examination, if requested by the YMCA, to be given by a doctor, nurse, or medical facility selected by the YMCA.
2. Satisfying the YMCA's requirements concerning:
 - A. My driving record,
 - B. My criminal history record,
 - C. Reference checks, and
 - D. Documents required by law.

I understand that as long as my employment with the YMCA lasts, the YMCA may repeat any or all of the above requirements at any time.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept the same as a condition of my employment with the YMCA.

Signature of Applicant

Date