



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

APPLICATION FOR EMPLOYMENT

The Lancaster Family YMCA is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by federal, state and local law. It is the intention of the Lancaster Family YMCA to comply with all applicable federal state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment. For this application to be considered, each item must be completed. Please type on PDF or print and complete in ink.

Date: _____

CONTACT INFORMATION:

Name: _____
 Last First M.I.

Phone: (_____) _____ - _____ Email: _____

Address: _____
 Street City State Zip

POSITION APPLIED FOR:

- I am applying for the position of _____
- Employment status desired: Full Time Part Time
- Date available to start working: _____
- Salary or wage desired: _____
- Who referred you to this company?
 Employment Agency Newspaper Friend
 YMCA Employee Online Resource _____ Other _____

PERSONAL DATA:

- Are you at least eighteen (18) years of age? Yes No
- If hired, do you have a reliable means of transportation to get to work? Yes No
- Have you been convicted of a felony in the past seven years? (NOTE: Answering yes will not necessarily be a bar to employment.)
 Yes No
 If yes, please explain _____

(NOTICE TO ALL APPLICANTS: The YMCA enforces its policies and practices to prevent child abuse. We screen carefully to prevent abusers from being hired. All employment offers are contingent upon the successful completion of a criminal background and child abuse clearance.)

EDUCATION:

- Highest degree earned (check one):
 High School or GED Associate Bachelor Master Doctorate
- Name of High School: _____ Did you graduate? Yes No
- Name of College/University: _____ Did you graduate? Yes No
 College Major: _____ College Minor: _____
- Name of College/University (2): _____ Did you graduate? Yes No
 College Major: _____ College Minor: _____
- Name of Trade School, Business School, etc.: _____
 Did you graduate? Yes No Study focus: _____

EMPLOYMENT INFORMATION

- Have you ever worked for a YMCA before? Yes No
 If so, where? _____ When? _____
 Reason for leaving: _____

EMPLOYMENT HISTORY: List employment beginning with your most recent position below. Please provide employment history for past 7 years. Attach additional paper if necessary.

Name & Address of Company		From Mo/Yr	To Mo/Yr	Job Title	Starting Wage or Salary	Ending Wage or Salary
		Describe the work you did:				
Supervisor's Name		Reason for leaving				May we contact for reference?
Email						
Phone Number						<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address of Company		From Mo/Yr	To Mo/Yr	Job Title	Starting Wage or Salary	Ending Wage or Salary
		Describe the work you did:				
Supervisor's Name		Reason for leaving				May we contact for reference?
Email						
Phone Number						<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & Address of Company		From Mo/Yr	To Mo/Yr	Job Title	Starting Wage or Salary	Ending Wage or Salary
		Describe the work you did:				
Supervisor's Name		Reason for leaving				May we contact for reference?
Email						
Phone Number						<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT CERTIFICATIONS:

- CPR
- Lifeguard
- First Aid
- Other: _____
- AED
- Other: _____

15. Please list any professional memberships, certificates or licenses held:

16. Please list any additional skills, training, or education not listed above:

REFERENCES: In the section below, please provide **two (2) professional references and one (1) family member reference.** If no professional references are available, please provide five (5) personal/family references.

Name	Occupation & Address	Phone Number (with area code)	Email Address	Relationship to Applicant	Years Known	Check One
1						<input type="checkbox"/> Professional <input type="checkbox"/> Personal
2						<input type="checkbox"/> Professional <input type="checkbox"/> Personal
3						<input type="checkbox"/> Professional <input type="checkbox"/> Personal
4						<input type="checkbox"/> Professional <input type="checkbox"/> Personal
5						<input type="checkbox"/> Professional <input type="checkbox"/> Personal

PRE-EMPLOYMENT CERTIFICATION & AUTHORIZATION

Please read each statement carefully and initial each box.

Initials	
_____	I authorize investigation of all statements contained in this application. I understand the falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration.
_____	If an offer of employment is made, I understand that my employment is conditional based upon the results of background investigation(s) conducted by the YMCA. Investigations include completion of criminal background, child abuse and in some cases FBI clearances. I understand that I am responsible for any expenses required for the completion of these clearances. Additionally, I authorize the Lancaster Family YMCA to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.
_____	If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Lancaster Family YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results of information obtained from such physical examinations.
_____	If employed by the Lancaster Family YMCA I will abide by the Lancaster Family YMCA's policies and rules. I understand that if my position requires me to drive in the course of my work, I will be required to possess a current and valid driver's license.
_____	I agree to submit to legally permissible drug and/or alcohol testing upon request by the Lancaster Family 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 Lancaster Family YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the Lancaster Family YMCA without prior notice to me.
_____	If I am employed by the Lancaster Family 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 Lancaster Family YMCA or myself. I understand that only the President/CEO/Executive Director of the Lancaster Family YMCA has the authority to make any agreement for employment for any specific period of time, or 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 Lancaster Family YMCA.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Lancaster Family YMCA concerning the nature of my employment, if any, by the Lancaster Family YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Lancaster Family YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Lancaster Family YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Signature of Applicant

Date of Application