



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of the Coastal Bend Employment Application

Name:				
Current Address:				
City:		State:		Zip Code:
Email:		Home Phone:		Cell Phone:
Are you 18 years of age, or over? YES _____ NO _____				
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:				
List Last 2 Previous Addresses				
Previous Address:			City:	State:
Previous Address:			City:	State:
GENERAL INFORMATION				
Position Desired:			Acceptable Salary:	
Date Available:		If applying for seasonal work, are you available to work during the school term? YES _____ NO _____		
Have you been previously employed by the YMCA? YES _____ NO _____			YMCA Branch & Dates:	
Have you ever plead guilty to, or been convicted of, a criminal offense? YES _____ NO _____				
EDUCATION				
HIGH SCHOOL:	CITY AND STATE	DATES	GRADUATED?	DEGREE
COLLEGE:	CITY AND STATE	DATES	GRADUATED?	DEGREE
OTHER	CITY AND STATE	DATES	GRADUATED?	DEGREE

Are you presently in school? YES _____ NO _____ If yes, give expected completion date _____

REFERENECEES

Current or Last Employer:			Employed from	to
Address:			Final Pay:	
City:	State:	Zip:	Phone #:	
Direct Supervisor:			Reason for Leaving:	
Briefly describe your responsibilities:				
Any experience with children? YES ___ NO ___			If yes, describe:	
Any experience supervising staff? YES ___ NO ___			If yes, describe:	
May we contact this employer while we are considering your application? YES ___ NO ___				
Next Employer:			Employed from	to
Address:			Final Pay:	
City:	State:	Zip:	Phone #:	
Direct Supervisor:			Reason for Leaving:	
Briefly describe your responsibilities:				
Any experience with children? YES ___ NO ___			If yes, describe:	
Any experience supervising staff? YES ___ NO ___			If yes, describe:	
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Address:			Final Pay:	
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Direct Supervisor:			Reason for Leaving:	
Briefly describe your responsibilities:				
Any experience with children? YES ___ NO ___			If yes, describe:	
Any experience supervising staff? YES ___ NO ___			If yes, describe:	
May we contact this employer while we are considering your application? YES ___ NO ___				

SPECIAL SKILLS

<u>Certifications:</u>	<u>Expiration Date:</u>	<u>Location Taken:</u>	<u>Office Skills:</u>
First Aid			Typing: WPM
CPR			Software: (List programs)
WSI			
Life Guard			Other Office Machines:
Other			

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.

Describe any non-employment activities that might strengthen your application:

List any sports or hobbies you have participated in (past or present) that you believe are relevant to the position(s) applied for:

Why do you want to work and care for children? What age group do you prefer to work with? Why?

What is your philosophy about discipline?

Other than through employment how are you involved with children?

Circle One: Fitness Directors Aerobics/Exercise Instructor Membership Service Center Other:

Why have you applied for the position?

PERSONAL REFERENCES (Not family or employees)

NAME:	ADDRESS, CITY STATE	PHONE NUMBER	RELATIONSHIP
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NAME:	ADDRESS, CITY STATE	PHONE NUMBER	RELATIONSHIP

PLEASE READ BEFORE SIGNING

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, sexual orientation, disability, age or veteran status. No question on 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.

By signing this application I hereby certify that the information provided is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the YMCA to thoroughly investigate my entire former employment history and other references, and to verify all data given in my application for employment, related papers or oral interviews. I understand that a criminal history check will be conducted on all YMCA applicants. I understand that any material misrepresentation or deliberate omission of a fact in my application or in the course of applying for a job may be justification for refusal of employment, or termination if hired. I release the YMCA of the Coastal Bend and all affiliated entities, and all informants of all liability whatsoever resulting from such investigations.

I understand that any offer of employment is contingent upon the passing of a criminal history check and physical examination (applicable to various categories).

I understand that this is an application for employment and that no employment is being offered. I further understand that if I am hired, my employment will be at-will, and can be terminated by me or by the YMCA of the Coastal Bend at any time, for any or no reason. The YMCA of the Coastal Bend is free to change wages, benefits and conditions of employment any time.

I understand that the YMCA of the Coastal Bend believes and practices the four core values of Honesty, Caring, Respect and Responsibility.

I have read and understand the above.

_____ **Applicant Signature**

_____ **Date**