

# Grants Pass Family YMCA

## EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA!

The YMCA 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.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.



### Personal Information

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Location: GRANTS PASS FAMILY YMCA Date Available: \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Last First MI

Mailing Address: \_\_\_\_\_  
 Street City State ZIP

Telephone: Home \_\_\_\_\_ / \_\_\_\_\_ Business \_\_\_\_\_ / \_\_\_\_\_ Mobile \_\_\_\_\_ / \_\_\_\_\_

Are you 18 years of age or older? (If not, you may 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

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

### Notice to All Applicants:

- Character counts at the Grants Pass Family YMCA. You will be expected to teach and demonstrate caring, honesty, respect and responsibility in all aspects of your time here.
- We offer a completely smoke-free facility.
- In some areas, those younger than 18 yrs must work with someone 18 yrs or older. This may limit the areas and shifts for which you may be considered.

### 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?

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Do you have any relatives or household members currently working for this YMCA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name(s) and relationship:			
How did you hear about this opening?		<input type="checkbox"/> YMCA staff referral	<input type="checkbox"/> YMCA member
Name of referral source:		<input type="checkbox"/> School	<input type="checkbox"/> Advertisement
		<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other
		<input type="checkbox"/> YMCA website	

**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 /	Dates Employed	Summarize the nature of the work performed and job responsibilities.
Address		From: ___/___	
Job Title		To: ___/___	
Immediate Supervisor and Title			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Employer	Telephone /	<u>Dates Employed</u>	Summarize the nature of the work performed and job responsibilities.
Address		From: ___/___	
Job Title		To: ___/___	
Immediate Supervisor and Title			
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?

**Personal References**

**List at least one relative.**

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

# Grants Pass Family YMCA

## Application Acknowledgement 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 check processes, including a criminal history background check. I consent to drug testing as may be requested by YMCA representatives.

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 Executive Director 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 Executive Director 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.

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. If hired, I agree to abide by Grants Pass Family YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_