



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 Henry County 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.

Henry County YMCA

300 Wittenbraker Ave
New Castle, IN 47362

Phone 765-529-3804

Fax 765-529-4575

www.henrycountyyymca.org

Personal Information

Position Applying For: _____ Date: _____

Referral Source: _____ Date Available: _____

NAME: _____ E-mail: _____
Last First MI

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

Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. (A conviction will not necessarily bar employment. The YMCA may consider the nature, date, and circumstances of the offenses.) Yes

No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously 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 and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

Initial here to acknowledge this notice: _____

Employment Application

List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.

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

Do not list relatives or past employers.

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ / _____
 Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ / _____
 Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ / _____
 Alternate #: _____

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 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 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 YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: _____ Date: _____



Statement of Applicant

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

In the Henry County YMCA's effort to attract the highest quality staff/volunteers, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health; I fully consent to and authorize all such inquiries.

In the event of my employment by the Henry County YMCA, I will comply with all policies set forth in the personnel manual and with any other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand that my continued employment is contingent upon a physician's statement showing me to be in good health and a clean criminal history background check.

I understand that it is the agency's policy to secure conviction criminal history information as a part of the pre-employment screening process. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Henry County YMCA does not condone child abusers and that the Henry County YMCA will be seeking information in my background related to child abuse.

Applicant Name _____
Last First Middle

Maiden Name/Names previously used _____

Birthday ____/____/____ Race/Ethnicity _____ Gender F ____ M ____

Social Security Number - - - - - Driver's License Number - - - - -

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or after employment, may be cause for termination of employment with the YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will reports such allegations to the police and state agencies for investigation. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

I understand and agree that if I am employed, there is no contract period for employment and my employment will be solely an "employment at will," giving either me or the YMCA the right to terminate employment at any time without liability or obligation except for my regular pay through the date of termination.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date