



## Employment Application

### 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? \_\_\_\_\_

Have you previously volunteered at this YMCA or any other YMCA?  Yes  No

If yes, when? At which locations? \_\_\_\_\_

Do you have any relatives or household members currently working for this YMCA?  Yes  No

If yes, name(s) and relationship: \_\_\_\_\_

How did you hear about this opening?

YMCA Staff  YMCA Member  YMCA Website  School  Walk-in  Advertisement  Other \_\_\_\_\_

Name of referral source: \_\_\_\_\_

### Education & Training

#### Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
High School / 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, etc.)	Provider	Level	Expiration

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<b>Employment History</b>			
<b>List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.</b>			
Employer	Phone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ ____ per ____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
		\$ ____ per ____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Phone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ ____ per ____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
		\$ ____ per ____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Phone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities.
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Immediate Supervisor and Title		\$ ____ per ____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
		\$ ____ per ____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Phone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ ____ per ____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
		\$ ____ per ____	
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?			

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**Professional References**

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#: \_\_\_\_\_

**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 of Cumberland, MD 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 and drug/alcohol screen.

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 of Cumberland, MD 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 of Cumberland, MD; 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 of Cumberland, MD or myself. I understand that, other than the CEO of the YMCA of Cumberland, MD, no manager, supervisor or representative of the YMCA of Cumberland, MD 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 CEO of the YMCA of Cumberland, MD 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 of Cumberland, MD.

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 of Cumberland, MD is not obligated to retain or consider this application for future openings. If hired, I agree to abide by YMCA of Cumberland, MD policies and rules at all times. I acknowledge that I have read the above statements and understand them.

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