



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

Telford YMCA

Application for Employment

We are 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 state, federal, and local law. It is the intent of the Telford YMCA (the Y) 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 as thoroughly as possible.

Position applying for: _____ Date of application: _____

PERSONAL INFORMATION

Name: Please PRINT or TYPE:	Home Telephone No.:
Email Address:	Cell or Business No.:
Address: Street number and name, City, State, and Zip code	Number of years at present address?
Previous address: Street number and name, City, State, and Zip code	Number of years at previous address?
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application. A conviction will not necessarily disqualify you.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

Please refer to the attached job description for the position in which you are applying. Are you able to perform all of these tasks with or without accommodation?

Yes No

Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

EMPLOYMENT DESIRED

Type of POSITION desired:		Date available:	Salary desired:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, please describe how the YMCA could accommodate you:			
Have you ever applied at the Telford YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Have you ever been employed by the Telford YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
How were you referred to the Telford YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please specify below)			
Name of Employee: _____ Other: _____			

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EDUCATION AND TRAINING

School Name and Location	Years Attended: From To		Did you graduate?	Major/Total Hours
High School:				
College/University:				
College/University:				
Highest degree earned (Please only circle one.): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall college GPA:
Additional Education, Vocational, and/or Professional information such as special areas of research study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiar with a foreign language, please describe which language.				
Professional memberships, certifications, or licenses held. (Exclude those indicating, race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Keyboarding _____ Words Per Minute	Computer Skills (Microsoft Office, Word, Excel, Outlook, etc.)		Other machines requiring special skills	

REFERENCE DATA

Professional/Work References We May Contact

Name	Address	Phone	Email

EMPLOYMENT DATA

Please list in order of most recent employment first.

Company Name	Phone Number	Dates of Employment From To		Personnel Use Only
Address:		Supervisor (Name and Title):		
Job Title-Start	Job-Title Finish	Base Rate of Pay Start Final		
Description of Job Duties:				
Company Name	Phone Number	Dates of Employment From To		Personnel Use Only
Address:		Supervisor (Name and Title):		
Job Title-Start	Job-Title Finish	Base Rate of Pay Start Final		
Description of Job Duties:				
Company Name	Phone Number	Dates of Employment From To		Personnel Use Only
Address:		Supervisor (Name and Title):		
Job Title-Start	Job-Title Finish	Base Rate of Pay Start Final		
Description of Job Duties:				

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Y is not obligated to retain or consider this application for future openings. _____ Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Y to secure information about my experience with former employers, education institutions, and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom. _____ Initial

If employed by the Y, I will abide by the Y policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work. _____ Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Y's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations. _____ Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Y. 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 Y storage areas provided for me (locker, desk, etc.) are open to investigation by the Y without prior notice to me. _____ Initial

If I am employed by the Y, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Y or myself. I understand that, other than the CEO of the Y, no manager, supervisor, or representative, of the Y 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 Y has 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 my employment relationship between myself and the Y. _____ Initial

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 states in this application. This application contains all the understandings and agreements between me and the Y concerning the nature of my employment, if any, by the Y and supersedes all prior and/or contemptuous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Y. I understand and agree that, except as noted above, no person who is either an agent or employee of the Y may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions set forth here in.

Applicant Signature

Date of Application