



Do you want to work: Full-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Part-Time \_\_\_\_\_?

\*If applying only for part-time, what days and hours?

\_\_\_\_\_

Have you ever applied for work with us before? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, when? \_\_\_\_\_

List anyone you know who works for us: \_\_\_\_\_

What skills, qualifications or experiences do you feel you have that especially fit you for work with us?

\_\_\_\_\_

\_\_\_\_\_

Have you ever been in the U.S. Armed Forces Service? Yes \_\_\_ No \_\_\_. From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Duties: \_\_\_\_\_

Rank or rating at time enlistment: \_\_\_\_\_

Rating at time of discharge: \_\_\_\_\_

Can you perform the essential functions of the position with or without accommodation? \_\_\_\_\_

\_\_\_\_\_

If not, please explain: \_\_\_\_\_

Will you require any accommodations to participate in the application process and/or the job interview, including any testing which may be required to determine your qualifications for the position? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain when, where, and the nature of the offense:

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, when can you start? \_\_\_\_\_

**EDUCATION**

Name of School	No. of Years	City/State	Graduated?

**PRIOR WORK EXPERIENCE**

(Please list your most recent employment first, use additional space below if necessary to list all prior employers.)

Name and Address	Dates of Employment	Type of Work	Starting Pay	Final Pay	Reason for Leaving

**PERSONAL REFERENCES**

Name	Address/Telephone No.	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**PLEASE READ CAREFULLY:**

**1. Certification of Truthfulness.**

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

**2. Authorization for Employment/Educational Information.**

I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this YMCA any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

**3. Employment at Will.**

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the YMCA, including any change made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the YMCA or myself. I understand that no manager or other representative of the YMCA, other than the CEO, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the CEO must be made in writing to be effective.

**4. Authorization to Work.**

If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as requested by the Immigration Reform and Control Act of 1986.

**5. Need for Accommodation.**

If I am disabled and require an accommodation to perform the job, I must notify the YMCA of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the YMCA has not accommodated me as required by law.

**6. Criminal Records Check.**

I agree to execute an authorization for this employer to secure criminal conviction history from the appropriate law enforcement agency, should the YMCA determine it is necessary to do so.

**7. Release of Medical Information.**

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

**8. Psychological/Physical Testing.**

If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the YMCA.

**9. Driving Records Check.**

I authorize the YMCA and its agents the authority to make investigations and inquiries of my driving record.

**10. Limitation on Claims.**

I agree that any lawsuit against YMCA and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

**11. Fringe Benefits.**

I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The YMCA shall rely on the most recent information for all purposes.

**12. Confidentiality.**

If I am hired, I agree that during my employment all records, papers, information and documents to which I may have access in the course of employment are considered confidential by YMCA and will be treated as such by me during and after the term of my employment. All such records, papers, information and documents remain the property of YMCA during and after the term of my employment. I will not be permitted, directly or indirectly, under any circumstance or at any time, to disclose to any person, firm, association, or corporation any confidential I agree to take a physical exam following an offer of employment. I agree to drug and alcohol testing at the employer's request including the withdrawal of specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test.

**14. Right to Inspect.**

I agree that the contents of my offices, work spaces, desks, computer and computer-generated data, any of the YMCA's property that I may be using, and any of my own property, including but not limited to vehicles, that I bring onto the YMCA's premises may be inspected by the YMCA at any time.

**15. Credit Report.**

I understand that the YMCA may request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for the general purpose of evaluating my application for employment. I further understand that I may request in writing from the YMCA a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to the YMCA.

**16. Consideration of Employment.**

I agree to the above terms of employment if I am employed by YMCA. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules and policies of YMCA are subject to exception or change at any time as decided by YMCA in its sole discretion.

I have read and understand items 1 through 16 above, and acknowledge that with my signature below.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature