



Auglaize/Mercer Counties Family YMCA
7590 State Route 703 04075 Wuebker Road
Celina, Ohio 45822 Minster, Ohio 45865
(419) 586-9622 (419) 629-9622

**APPLICATION FOR EMPLOYMENT
(EQUAL OPPORTUNITY EMPLOYER)**

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name _____
Last First Middle In.

Date _____

Address _____
Street City Zip

Telephone: Home ____/____

Business ____/____

Are you 18 years of age, or over? ___Yes ___No

Are you a veteran? ___Yes ___No

Dates of military service _____

Are you authorized to work in the United States? ___Yes ___No
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used during prior employment _____
Maiden Name, Other Surnames, Etc.

GENERAL

Applying for position as _____ Acceptable Salary Range _____

___Full-time ___Part-time ___Temporary

Notice Required _____

At which YMCA Branch ___North (Celina) ___South (Minster)

Date available _____

If applying for seasonal work, are you available to work during the school term? ___Yes ___No

Have you previously applied for employment for any YMCA? ___Yes ___No Worked for any YMCA? ___Yes ___No

If so, when? _____ Location _____

How were you referred to the YMCA? ___Employee ___Advertisement ___School ___Drop in ___Agency ___Other

Name of referral source indicated above _____

Have you ever pleaded guilty to, or been convicted of, a criminal offense? ___Yes ___No

If yes, give dates and circumstances _____

Have you failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position?

___Yes ___No If yes, give dates and circumstances _____

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary (monthly) at start _____ to _____
City _____ State _____ Telephone ____/_____
Zip _____

Name and title of immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? ___Yes ___No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? ___Yes ___No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary (monthly) at start _____ to _____
City _____ State _____ Telephone ____/_____
Zip _____

Name and title of immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? ___Yes ___No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

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May we contact this employer while we are considering your application? ___Yes ___No

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary (monthly) at start _____ to _____
City _____ State _____ Telephone ____/_____
Zip _____

Name and title of immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? ___Yes ___No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? ___Yes ___No

EDUCATION		PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRAD- UATED?	DEGREE RECEIVED
High School			From _____		yes	
			To _____		no	
College			From _____		yes	
			To _____		no	
College			From _____		yes	
			To _____		no	
Trade, Bus., Night or Corres.			From _____		yes	
			To _____		no	
Other			From _____		yes	
			To _____		no	

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking

If not a high school graduate, indicate highest-grade completed _____

If not a high school graduate, have you earned a General Educational Development (GED) or high school equivalency? Yes No

SPECIAL SKILLS

Describe any volunteer work, other experience, interest, training or honors received in connection with your service to any organizations, which you consider relevant to your ability to perform the job sought. _____

List all current special licenses(es), permit(s), certification(s) and level or credited hours, (CPR, Lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience _____

PERSONAL REFERENCES *

* Not relatives or employers

NAME			
ADDRESS			
PHONE #			
FIRM NAME			
FIRM ADDRESS			
FIRM PHONE #			
POSITION OR OCCUPATION			
HOW LONG KNOWN			

Caring, Honesty, Respect and Responsibility are the four core values upon which the YMCA is dedicated. Our YMCA staff is expected to reflect these values in their behavior and attitude here at the YMCA.

PLEASE READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the Auglaize/Mercer Counties Family YMCA or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. I understand that if I become an employee of Auglaize/Mercer Counties Family YMCA at any time in the future this application of employment will become a part of my official employment record. I further acknowledge that Auglaize/Mercer Counties Family YMCA will be relying on the information contained in this application any hiring decision and that I am contractually bound by the terms contained herein.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on the problem of child abuse.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician or registered nurse selected by the YMCA and until results of my driving record, my criminal history record, reference checks, and other documents required by law are completed, and until information given by me has been verified.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read the above statement and accept the same as a condition of my employment with the YMCA.

Signature of Applicant