



Application for Employment

PERSONAL INFORMATION

Name (Please print or type) _____ Social Security # _____

Address _____ City/State/Zip _____

Home Phone # _____ Business Phone # _____ Other _____

Are you currently employed? _____ Name of Employer _____

May we contact your employer? _____ Position desired _____ Date available _____

Have you worked for a YMCA previously? Yes No If yes, what is the name of the YMCA? _____
Date employed _____ Position held _____

Have you ever been convicted of a felony or for child abuse or sex-related crimes? (A conviction will not necessarily disqualify you.)
(Do not include marijuana related convictions which occurred more than two years prior to the date of this application.)
 Yes No If yes, please explain: _____

Do you have any physical limitations that might affect your ability to perform this job? If so, please explain. Yes No

EDUCATION & TRAINING

Education	Name/Location of School	Degree	Major(s)
High school			
College/university			
Trade, business, correspondence, etc.			

EMPLOYMENT HISTORY

(Please list in order with your most recent employment first.)

Company/Organization	Address & Phone #	Date of Employment	Position	Reason for Leaving

REFERENCE DATA (Professional/work references we may contact)				
Name & Company or Organization	Position	Address	Phone #	Years Known

The Licking County Family YMCA is 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, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Licking County Family YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. The waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

The Licking County Family YMCA is a tobacco and drug-free environment. All individuals who have met the necessary requirements for employment will be subjected to a criminal background records check and drug screening prior to employment.

My signature below certifies that to the best of my knowledge and belief, the information on this form is true and correct. My signature also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Licking County Family YMCA concerning the nature of my employment, if any, by the Licking County Family YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Licking County Family YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Licking County Family YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Signature of Applicant

Date

Interviewed By

Date

FOR OFFICE USE ONLY				
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No	Department _____			
Position _____	Supervisor _____			
Effective date _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-exempt
Wage/Salary _____	Comments/Notes: _____			