



Employment Application

Thank you for your interest in the YMCA!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected un the law.

If you would like to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application and background check must be completed in full

Personal Information

NAME: _____

E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Telephone: Home (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____

Personal Information *You are not legally required to complete, but if you are willing we would like to know.*

Marital Status: Single Married Divorced Widowed Date of Birth: ____/____/____

Social Security Number: _____

Employment Information

Position Applying For: _____ Date: _____

What days and hours are you available to work?

Special skills & training: _____

Have you ever been convicted of a misdemeanor or felony? No Yes / If yes, please explain:

Education & Training

<input type="checkbox"/> High School <input type="checkbox"/> GED	Name of School	Course of Study / Volunteer Activities
College		
Vocational/Other		
Volunteer Activities		

Safety & Job Specific Certifications

Type (CPR, First Aid, Lifeguarding, etc.)	Provider	Level	Expiration

Employment History

Employer: _____ Supervisor: _____

Address: _____ City: _____ ST: _____ Zip: _____

Job Title: _____ Dates of Employment: _____ to _____

Job Duties: _____ Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____ City: _____ ST: _____ Zip: _____

Job Title: _____ Dates of Employment: _____ to _____

Job Duties: _____ Reason for Leaving: _____

Personal References *Do not list relatives or past employers.*

Name: _____ Relationship: _____

Years Known: _____ Telephone: (____) _____ - _____ E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Name: _____ Relationship: _____

Years Known: _____ Telephone: (____) _____ - _____ E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Background Check Authorization and Application Acknowledgement

Employment Screening Services by CBC Innovis

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

COMPANY NAME requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, three (3) years of drug, alcohol and accident history from all Department of Transportation (DOT) – regulated employers, credit history, and motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize CBCInnovis Employment Screening Services and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, CBCInnovis Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

(Applicant's Name, Printed - Last, First Middle)

(Maiden Or Other Name(s) Used)

(Current Address - Street, City, State, Zip)

(How Long)

(Previous Address - City, State, Zip)

(How Long)

(Social Security Number)

(Date of Birth)

(Signature)

(Date)

Application Acknowledgement

I authorize both the YMCA and persons listed (references, schools, current and former employers and any others with who you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision.

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge.

Signature: _____ Date: _____