

Employment Application

Employment History				List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title	<u>Starting Hourly Rate/Salary</u>				
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title	<u>Starting Hourly Rate/Salary</u>				
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Job Title	<u>Starting Hourly Rate/Salary</u>				
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Please explain any gaps in your employment history.					
What other business experience, personal experience or training have you had that may have prepared you for this position?					

Personal References

Do not list past employers. Do list one relative.

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ Alternate #: _____

Application Acknowledgement and Authorization

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

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

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: _____ Date: _____