



**Tri-Cities Family YMCA**  
**APPLICATION FOR EMPLOYMENT**  
 PLEASE PRINT



**PERSONAL**

Name: \_\_\_\_\_ Date Of Application: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years or older?  Yes  No

If you are under 18 years old, can you furnish a work permit?  Yes  No

Do you have a legal right to work in the United States? (Proof of identity and authorization is required upon employment)  Yes  No

Are there any felony charges pending against you?  Yes  No

Have you ever been employed by the Tri-Cities Family YMCA?  Yes  No

If yes, give dates: \_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic violations)?  Yes  No

If yes, explain: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) Desired: \_\_\_\_\_ Are you available to work:  Full Time  Part Time  Seasonal

If Part Time, specify hours and days desired: \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the YMCA in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the YMCA will preclude any claim that the employer failed to accommodate the handicapper.

**EDUCATION**

Under what other name have you worked or received your education (for reference checking purposes): \_\_\_\_\_

	NAME	ADDRESS	# YEARS COMPLETE	DIPLOMA/DEGREE
High School				
Vocational/Technical				
College/University				
Graduate/Professional				

**MILITARY SERVICE**

Have you had any experience in the Armed Forces of the United States or in a State National Guard?  Yes  No

If yes, what branch: \_\_\_\_\_

**FOR JOBS REQUIRING DRIVING**

Do you have a valid driver's license for this state?  Yes  No

Are you over 21 years old?  Yes  No

Do you have a youth bus or school bus driver's certificate?  Yes  No

**FOR JOBS REQUIRING OFFICE MACHINE SKILLS (Check equipment you have operated)**

Fax  PC  Excel  Copy Machine  Calculator  Other, list: \_\_\_\_\_

REFERENCES (Do not include relatives)			
NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

List any friends or relatives working for the YMCA: \_\_\_\_\_

Tell us briefly about yourself - your ambitions, qualifications, and reasons for wanting employment with the YMCA: \_\_\_\_\_

EMPLOYMENT EXPERIENCE (List current or most recent job first)			
Employer 1:	Dates From:	Dates To:	Work Performed
Address:	Hourly Rate/Salary Starting:		
Job Title:	Hourly Rate/Salary Final:		
Supervisor:	Phone:	Reason For Leaving:	
Employer 2:	Dates From:	Dates To:	Work Performed
Address:	Hourly Rate/Salary Starting:		
Job Title:	Hourly Rate/Salary Final:		
Supervisor:	Phone:	Reason For Leaving:	
Employer 3:	Dates From:	Dates To:	Work Performed
Address:	Hourly Rate/Salary Starting:		
Job Title:	Hourly Rate/Salary Final:		
Supervisor:	Phone:	Reason For Leaving:	

TO BE COMPLETED BY APPLICANTS FOR PROGRAM/PHYSICAL EDUCATION POSITION (Must submit originals upon hire.)			
NAME OF CERTIFICATION	ISSUING ORGANIZATION	TYPE	EXPIRATION
First Aid			
CPR			
WSI			
Life Guarding			
Fitness			

Specify Other Certifications (include dates): \_\_\_\_\_

Number Of Child Developments Credits: \_\_\_\_\_ School: \_\_\_\_\_

I certify that all of the statements made by me in this application are true. I understand that should any statement be false, termination of my employment may result. I hereby waive written notice from any former Employer who divulges a disciplinary report, letter of reprimand, or other disciplinary action to the Tri-Cities YMCA.

I understand that if I am offered a job with the YMCA, I will be an at-will employee and my employment could be terminated with or without just cause at any time at the option of either the YMCA or myself. I understand that no person other than the Executive Director of the YMCA has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by both myself and the Executive Director of the YMCA. **NOTE:** At the time of employment a criminal background check will be required.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_