



Employment Application

We build strong kids, strong families, strong communities.

DATE:

Thank you for considering employment at the YMCA. We are 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, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law.

To view a list of current job openings, go to <http://www.boyertownymca.org/about/employment.asp>. Complete this form and **indicate the position you are applying for under Employment Desired**. Applications without this information will not be considered.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Email Address
ADDRESS: Street	City State Zip Code

Can you, if hired, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Telephone No.
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Telephone No.

Are you related to or residing with anyone in our employ?
 Yes No If yes, state name and center/department:

Would you be willing to submit to pre-employment drug testing?
 Yes No

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (A conviction will not necessarily disqualify you.)
 Yes No If yes, state the name under which you were convicted, the nature of the offense, when, where, and disposition.

Please refer to the description for the position to which you are applying. Are you able to perform the tasks required, with or without an accommodation? Describe any tasks for which you require accommodation to perform, and what accommodation you will need.
 Yes No

EMPLOYMENT DESIRED You must apply for specific job opening(s). Check the website or job postings at any of our locations.

Name of POSITION applying for:	Location(s): <input type="checkbox"/> Daniel B. Boyer Center <input type="checkbox"/> Gilbertsville Center <input type="checkbox"/> William S. Hollenbach Center
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Date available (m/d/yy)	Job status desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal
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Please refer to the description of the position to which you are applying. Will you be able to work the schedule described therein?
 Yes No If no, what days/hours you are unavailable?

Have you ever applied to or been employed by the Boyertown Area YMCA?
 Applied Employed Where, when, and in what capacity?

How were you referred to us?
 Newspaper, please identify: YMCA website Walk in

Other source, please identify: Employee referral/Name:

Boyertown Area YMCA
 Daniel B. Boyer Center, 301 West Spring Street, Boyertown, PA 19512 • 610-369-YMCA
 Gilbertsville Center, 144 Holly Road, Gilbertsville, PA 19525 • 610-367-YMCA
 William S. Hollenbach Center, 3065 N. Charlotte Street, Gilbertsville, PA 19525 • 610-754-7010

EDUCATION & TRAINING

School Name and Location of School	No. of Yrs. Attended	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major (if applicable)
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Degree Earned (select one only): <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	Certifications (check all that apply). Enter date as m/d/yy <input type="checkbox"/> CPR Expires: <input type="checkbox"/> Lifesaving Expires: <input type="checkbox"/> First Aid Expires: <input type="checkbox"/> Other (describe)		

Please describe ADDITIONAL SKILLS, TRAINING, VOCATIONAL, and/or PROFESSIONAL INFORMATION such as special areas of research or study, seminars, etc. in the space below. In addition, you may attach a resume or other summary information that is relevant to this application.

COMPLETE INFORMATION REQUESTED. "SEE RESUME" IS NOT ACCEPTED.

PREVIOUS EMPLOYMENT Please list in order of MOST RECENT EMPLOYMENT FIRST

Company Name	STARTing Job Title	FINAL Job Title
Address(City, State, Zip)	STARTing Pay	FINAL Pay
Supervisor (Name & Title)	Phone No.	Length of Service (Yrs./Mos.)

Describe your Job Duties:

Company Name	STARTing Job Title	FINAL Job Title
Address(City, State, Zip)	STARTing Pay	FINAL Pay
Supervisor (Name & Title)	Phone No.	Length of Service (Yrs./Mos.)

Describe your Job Duties:

Company Name	STARTing Job Title	FINAL Job Title
Address(City, State, Zip)	STARTing Pay	FINAL Pay
Supervisor (Name & Title)	Phone No.	Length of Service (Yrs./Mos.)

Describe your Job Duties:

May we contact the employers listed above? If No, explain which one(s) you do not wish us to contact and why.
(An offer of employment is contingent on checking references with all prior employers.)

Yes No

REFERENCES

List at least 3 References (2 unrelated, 1 related to you)

Name and Occupation

Relation to You

Address

Phone No.

NOTE: The YMCA intends to conduct a background investigation and to contact any or all employers and references listed in this application.

APPLICANT - Continue to page 4 to complete application.

***** Applicant: Leave Reference Verification blank*****

REFERENCE VERIFICATION - OFFICE USE ONLY- APPLICANT LEAVE BLANK

Write details of reference checks below. 3 positive references required for employment.

Include additional notes as needed

1. Call Date: _____

Referrer's Name: _____

Dates of Employment: _____

Nature of Job: _____

Attendance Issues: _____

Good People Skills: with children Yes No Eligible for Rehire: Yes No
 with other employees Yes No Yes No
 with customers Yes No

Notes: _____

2. Call Date: _____

Referrer's Name: _____

Dates of Employment: _____

Nature of Job: _____

Attendance Issues: _____

Good People Skills: with children Yes No Eligible for Rehire: Yes No
 with other employees Yes No Yes No
 with customers Yes No

Notes: _____

3. Call Date: _____

Referrer's Name: _____

Notes: _____

4. Call Date: _____

Referrer's Name: _____

Notes: _____

CERTIFICATIONS

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.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

If employed by the YMCA, I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license with a clean driving record in accordance with Association policy if my position requires me to drive in the course of my work.

Initial

I agree to submit to legally permissible drug and/or alcohol testing, child abuse clearance, and police clearance checks at pre-employment and beyond that, upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the YMCA, I understand that it is on an "at-will" basis and that 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 or contrary to association policy. 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 the YMCA and myself.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below 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 YMCA concerning the nature of my employment, if any, by the 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 YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date

Parent or Guardian's Signature
(required if under 18)

Date