



Employment Application

Thank you for your interest in the Bloomsburg Area YMCA!

The Bloomsburg Area 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, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.



Revised 5/28/14

Personal Information

Date of application: _____

Name: _____

Address _____

City/State/Zip: _____

Home Phone: (____)____-____

Cell Phone: (____)____-____

E-mail Address: _____

Are you 18 years of age or older? Yes No

If hired can you provide verification of you legal right to work in the United States? Yes No

Have you ever been Discharged or ask to resign from another job? If yes give dates and circumstances. Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been convicted of a child related offense? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been employed by another YMCA? Yes No

If yes, are you currently enrolled in or eligible for the YMCA retirement fund? Yes No

Position Desired

Position applying for _____ Date available to start _____

Salary Desired _____

Are you employed now? Yes No

If so may we inquire of your present employer? Yes No

Have you ever applied to the YMCA before? Yes No

Are you eligible for work study through Bloomsburg University? Yes No

How did you hear about the Bloomsburg Y? YMCA Staff referral School
 Walk-in Advertisement

Referred by _____ Other

Education & Training

<u>Education</u>	<u>Name and Location of School</u>	<u>Years</u>	<u>Graduate</u>	<u>Major</u>
High School				
College				
Graduate School				
Other				

Describe any non-employment experiences that may strengthen you application.

Safety & Job Specific Certification

Type (CPR, First Aid, Personal Training Certificate)	Provider	Level	Expiration

Employment History

Employer	Telephone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor		\$ per	
Reasons for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		<u>Starting Hourly Rate/Salary</u>	
Immediate Supervisor		\$ per	
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Reasons for Leaving		<u>Ending Hourly Rate/Salary</u>	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please explain any gaps in your employment history.

Personal References

Do not list relatives

Name: _____ Position: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ E-mail: _____

Name: _____ Position: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ E-mail: _____

Name: _____ Position: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ E-mail: _____

Availability

Please list the hours you are available or attach official semester schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
From							
To							
From							
To							

Application Acknowledgement & Authorization

I authorize both the Bloomsburg 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 certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered my application may be rejected and, if I am employed, my employment may be terminated at any time. I agree that my employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. This constitutes my entire agreement with the company during my employment. If employed, I agree to conform to the rules, regulations and policies of the Company at all times.

Signature: _____

Date: _____