



Date of Application: _____

Thank you for your interest in working at 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, sexual orientation, disability, age, marital, veteran or any other status protected by law. If you are interested in joining the YMCA staff team, please complete the application below.

- ◆ Please write legibly.
- ◆ Please complete the entire application.
- ◆ Please read and sign the last page of the application.

Personal Information

PLEASE PRINT:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____

State: _____ Zip: _____ Email Address: _____

Employment Information

Position Applying For: _____

Date Available: _____ Desired Pay: _____

Available Days/Hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How did you hear about this opening?

Name of referral source: _____

YMCA staff referral

YMCA Member

School

Advertisement

Walk-in

Other: _____

NOTICE TO ALL APPLICANTS: The YMCA maintains a ZERO TOLERANCE policy in regards to child abuse. The YMCA carefully screens applicants and requires all staff to undergo child abuse prevention training.



Employment Information (Continued)

Can you, upon offer of employment, submit verification of your legal right to work in the United States? Yes No

Are you over the age of 18? Yes No

Have you ever served in the military? Yes No If yes, which branch? _____

Have you ever been employed by or volunteered at this Y or any other YMCA? Yes No

Do you have any relatives or household members currently working for this YMCA? Yes No

Have you ever been discharged or asked to resign from a prior position? Yes No

Education and Training

	Name of School	City, State	Diploma Awarded	Degree	Major	Graduated Yes/No
<input type="checkbox"/> High School						
<input type="checkbox"/> GED						
College						
Graduate School						
Vocational/ Other						

Describe any non-employment experience such as school or volunteer activities, trainings, seminars, or professional certifications that might strengthen your application:



Safety and Job-Specific Certifications

Type CPR, First Aid, CDA, Etc.	Provider	Level	Expiration

Employment Data

Dates of Employment (List most recent first)	Company Name & Address (City, State, Zip)	Immediate Supervisor Name & Phone Number	Position Held	Reason for Leaving	Brief Summary of Job Responsibilities
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					
Started ___/___/___ Ended ___/___/___ May we contact this employer? Yes No					



Reference Data

Please provide four references that we may contact. Of the references provided, two must be professional, one personal, and one family. All listed individuals must have given their consent to provide a reference for you.

Professional
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____
Professional
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____
Personal
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____
Family
Name: _____ Relationship: _____ Years Known: _____ Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Phone: _____



Application Acknowledgement and Authorization

- 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 in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery. The YMCA is hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, driving, financial, and credit record through any investigative or credit bureaus of the YMCA's choice. *(Per Section 604 (b) of FCRA Provides Conditions for Furnishing and Using consumer Reports for Employment Purposes)*
- 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 understand and agree that any offer of employment is contingent upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States.
- I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at will" and that my employment may be terminated for any reason, with or without cause or notice at any time by me or the YMCA, and that this application is not intended to constitute a contract for continued employment.
- I authorize both the YMCA and persons listed (references, schools, current [unless noted] and former employers and any others with whom the YMCA desires to check) to communicate with regard to any relevant information that may be required to reach an employment decision.
- I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.
- If employed by the YMCA, I will abide by all policies and rules at all times.
- I understand that the YMCA will keep my application on file for one year in accordance with all state and federal regulations, and that the YMCA is not obligated to consider this application for future openings.
- I acknowledge that I have read and understand the above statements.

Applicant Signature: _____ **Date:** _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The **Kennebec Valley YMCA** (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), and verification of your education or employment history or other background checks. You have the right, upon request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Kennebec Valley YMCA, 31 Union St. Augusta, ME 04330, (207) 622-9622. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.



Background Screening Acknowledgement and Authorization

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by the Kennebec Valley YMCA. I agree that a facsimile ("fax") or electronic or photographic copy of this authorization shall be as valid as the original. By signing this release, I authorize the Kennebec Valley YMCA to run regular background checks throughout my employment.

➡ Signature: _____ Date: _____

➡ Print Legal Name: _____
First Middle Last

➡ Maiden Name (if applicable): _____

➡ Address: _____
Street City State Zip

➡ Social Security Number: _____ Date of Birth: _____

*This information will be used for background screening purposes only.

➡ Driver's License Number: _____ DL State: _____