DEFIANCE AREA YMCA
EMPLOYMENT APPLICATION

Name of Applicant: _____

Primary Phone: _____ **Email:** _____

Defiance Area YMCA Mission Statement

The mission of the Defiance Area YMCA is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Our Hiring Policy

It is the policy of the Defiance Area YMCA that employment decisions shall be based on merit, qualifications, and competence. Except where required or permitted by law, employment practices shall not be influenced or affected by virtue of an applicant's or employee's race, creed, color, religion, sex, national origin, age, disability, marital status, pregnancy, sexual orientation, veteran status, or any other characteristic protected by law. In addition, it is the Defiance Area YMCA's policy to provide an environment that is free of unlawful harassment of any kind, including that which is sexual, age-related, racial, or ethnic.

Your application will be considered "active" until the position for which you are applying has been filled or for 60 days, whichever is sooner. If you are hired, proof of citizenship or immigration status will be required.

PLEASE NOTE: If you need assistance in completing this application, please ask one of our staff members.

Date: _____

Name of Applicant: _____
First Middle Last

Applying for Position of: _____

Type of Employment (Circle One): Full Time Part Time Temporary

Wage Requirement: $_____ (per hour)

Are you 18 years of age or older? Yes No If not, how old are you? _____

Present Address: _____
Street City

_____
State Zip How long?

Previous Address: _____
Street City

_____
State Zip How long?

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Email Address: _____

Have you applied for employment with the YMCA in the past? Yes No

If "Yes", give details: _____

Have you ever worked for the Defiance Area YMCA in the past? Yes No

If "Yes", give details: _____

Have you ever volunteered for the Defiance Area YMCA in the past? Yes No

If "Yes", give details: _____

EDUCATION:

Schools	Name/Address of School	Type Course or Major	Graduated (Yes/No)	Degree Received
High School				
College or University				
Graduate School				
Trade, Business, etc				
Other				

Approximate Grade Average: High School _____ College _____

ACTIVITIES AND SKILLS:

List any activities or other skills, experience, or information you feel would be of use in evaluating your qualifications for the position you seek (e.g. professional societies, academic achievements, positions/offices held in an organization, etc.) You may exclude information revealing race, color, national origin, religion, ancestry, disability, or veteran status.

_____

_____

_____

List any hobbies or special interests: _____

_____

_____

Computer knowledge, software packages: _____

_____

PERSONAL:

Within the past seven (7) years have you been convicted of a felony? Yes* No

If "Yes", explain: _____

Within the past five (5) years, have you been convicted of a misdemeanor? Yes* No

If "Yes", explain**: _____

**This will not necessarily disqualify an applicant from employment.*
***Do not include traffic violations, juvenile offenses, or military convictions unless by Grand Court Martial*

Are you legally eligible for employment in the United States of America? Yes No

Emergency Contact Name: _____ Phone: _____

EMPLOYMENT:

Begin with your most recent employer. List all employment no matter how short the term.

May we contact your present employer? Yes No

Have you even been disciplined, discharged, or asked to resign?* Yes No

If yes, please explain: _____

**This will not necessarily disqualify an applicant from employment.*

Company Name: _____ Position: _____

Employed Dates: From _____ To _____ Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Description of Duties: _____

Reason for leaving or considering a change: _____

Company Name: _____ Position: _____

Employed Dates: From _____ To _____ Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Description of Duties: _____

Reason for leaving or considering a change: _____

Company Name: _____ Position: _____

Employed Dates: From _____ To _____ Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Description of Duties: _____

Reason for leaving or considering a change: _____

Company Name: _____ Position: _____

Employed Dates: From _____ To _____ Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Description of Duties: _____

Reason for leaving or considering a change: _____

Company Name: _____ Position: _____

Employed Dates: From _____ To _____ Supervisor: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Description of Duties: _____

Reason for leaving or considering a change: _____

REFERENCES:

Please list 3 professional and 2 person references that we may contact. *Professional references* should be a supervisor or manager if possible. If no prior work history, please include teachers, professors, administrators, etc. *Personal references* should have known you for 1-2 years (or more). No family members, spouses/romantic partners.

Professional Reference #1 – Name: _____

Position: _____ Phone: _____

Professional Reference #2 – Name: _____

Position: _____ Phone: _____

Professional Reference #3 – Name: _____

Position: _____ Phone: _____

Personal Reference #1 – Name: _____

Relationship: _____ Phone: _____

Personal Reference #2 – Name: _____

Relationship: _____ Phone: _____

RELEASE:

I, (print your name) _____, having made application for employment with the Defiance Area YMCA, and desiring it to be informed as to my ability, reasons for leaving employment, character, reputation for honesty, financial responsibility, habits and any records of convictions, I hereby authorize it to investigate and to ascertain any and all information which may concern any or all of the foregoing, whether same is of record or not. I hereby release my present and former employers, any city, county, or state law enforcement agencies, and all persons whomsoever from any damage resulting from furnishing said information.

Signature: _____ Date: _____

PERSONAL CERTIFICATION:

Please read carefully before signing. If you have any questions regarding this statement, please contact the Chief Executive Officer for the Defiance Area YMCA at 419-784-4747.

TRUTH

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that the Defiance Area YMCA is relying on my complete honesty. I understand that any inaccuracy, misrepresentation, or incomplete answer provided by me in this application will cancel the application or may result in termination if I have been employed.

INVESTIGATION

I understand that, as a condition of employment, the YMCA must receive favorable results from its pre-employment investigation. This information includes but may not be limited to current employer reference checks, former employer reference checks, personal reference checks, criminal record checks and possibly a review of my driving record if I am applying for a position that involves driving.

I hereby authorize the Defiance Area YMCA to conduct an investigation to obtain any requested information and to investigate all statements made by me in this application. I hereby direct former employers, all personal references, individuals, and all applicable government agencies to respond to the YMCA concerning my application for employment. I understand that the information released or provided is for business use by the YMCA and may be disclosed to third parties as necessary in the conduct of its business. If I am hired, I authorize the YMCA to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal and proper interest. I release the YMCA, my former employers and their employees, and any individual, including record custodians, from any and all liability for any damage that may result from furnishing any information to the YMCA. I also understand that if I am employed as a driver, I must be eligible for coverage under the YMCA insurance policy. If I am denied coverage, I will likely be terminated.

I am not subject to a covenant-not-to-compete agreement or any other work-restricting agreement. I agree to indemnify and hold the YMCA harmless for any damages and legal expenses in the event that this representation and warranty is or becomes false. I agree not to use any confidential or proprietary information from prior employment in my employment with the Defiance Area YMCA and agree not to disclose any information I am contractually or otherwise legally bound to keep confidential.

EMPLOYMENT AT WILL

I understand that if I am employed by the YMCA, I will be an **employee at will**. My employment can be terminated by me or the YMCA, with or without notice, and with or without reason, in accordance with the laws of the jurisdiction in which I am employed. If I am employed, the terms and conditions of my employment, my compensation, and my benefits may be changed at any time by the YMCA. Any oral statements or promises to the contrary are not binding on the YMCA. If hired, I will comply with all rules and regulations of the Defiance Area YMCA.

Signature: _____ Date: _____