



HAMILTON AREA YMCA

EMPLOYMENT APPLICATION

We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.

APPLICANT NAME: _____ DATE: _____

POSITION OR TYPE OF WORK APPLYING FOR: _____

SEEKING: FULL-TIME PART-TIME* SEASONAL
*IF PART-TIME IS PREFERRED, SPECIFY DAYS AND HOURS PER WEEK: _____

SHIFT PREFERENCE: DAY EVENING

ADDRESS: _____
(APT/UNIT #) (CITY) (STATE) (ZIP)

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE HAMILTON AREA YMCA YES NO

IF YES, DATES: _____

LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY OUR FACILITY:

(NAME) (RELATIONSHIP) (DEPARTMENT)

(NAME) (RELATIONSHIP) (DEPARTMENT)

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER ? YES NO * IF NOT, YOU WILL BE REQUIRED TO FURNISH WORKING PAPERS UPON HIRE.

YOU MUST BE AT LEAST 16 YEARS OF AGE TO APPLY FOR A POSITION AT THE YMCA, YES NO
ARE YOU AT LEAST 16 YEARS OF AGE?

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES:

REFERENCE CHECKS

PLEASE DISTRIBUTE THE WRITTEN REFERENCE CHECK FORMS TO **THREE (3)** PROFESSIONAL OR PERSONAL REFERENCES.

PLEASE NOTE THAT **CAMP STAFF** ARE REQUIRED TO HAVE **FOUR (4)** REFERENCES, WITH AT LEAST ONE (1) BEING A PERSONAL REFERENCE, PER STATE MANDATE.

HAVE YOUR REFERENCES COMPLETE THE FORM IN ITS ENTIRETY AND RETURNED BY THE DATE INDICATED BY YOUR SUPERVISOR. **THE REFERENCE FORMS MUST BE COMPLETED AND RETURNED BEFORE YOU CAN BEGIN WORKING.**

PLEASE INFORM YOUR REFERENCES THAT A REPRESENTATIVE FROM THE HAMILTON AREA YMCA **WILL BE CONTACTING THEM** TO CONFIRM THAT THEY COMPLETED THE REFERENCE CHECK FORM.

ADDITIONAL INFORMATION

PLEASE LIST ANY ADDITIONAL INFORMATION YOU THINK WOULD BE APPLICABLE (INTERNSHIPS, VOLUNTEER EXPERIENCE MEMBERSHIPS IN ORGANIZATIONS, ADDITIONAL RELEVANT SKILLS AND EMPLOYMENT, ETC.):

I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. **THE HAMILTON AREA YMCA** IS HEREBY AUTHORIZED TO INVESTIGATE FULLY ALL INFORMATION CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO: REFERENCE CHECKS, LICENSURE VERIFICATION AND EDUCATION BACKGROUND.

I AGREE THAT ANY MISREPRESENTATION OF FACTS CONTAINED IN THIS APPLICATION MAY BE CAUSE FOR MY DISMISSAL.

APPLICANT SIGNATURE: _____ **DATE:** _____