



# 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(S):  DAY  EVENING  WEEKEND

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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

IF YES, DATES AND DEPARTMENT: \_\_\_\_\_

WERE YOU REFERRED BY A CURRENT STAFF MEMBER? IF YES, PLEASE LIST NAME: \_\_\_\_\_

WERE YOU REFERRED BY A CURRENT HAMILTON AREA YMCA MEMBER? IF YES, PLEASE LIST NAME: \_\_\_\_\_

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

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF A CRIME, FELONY, DISORDERLY PERSONS OFFENSE, DRUNK DRIVING OFFENSE OR OTHER VIOLATION OF THE LAW? DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT:

YES  NO IF YES, PLEASE DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

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?**

**EDUCATION**

	NAME OF SCHOOL	CITY & STATE	DID YOU GRADUATE?	DEGREE OR MAJOR
HIGH SCHOOL				
COLLEGE/ TRADE SCHOOL				
OTHER				

**PROFESSIONAL LICENSURE /CERTIFICATION**

<b>CURRENT CPR CERTIFICATION:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>EXPIRATION:</b> _____
<b>CURRENT FIRST AID CERTIFICATION:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>EXPIRATION:</b> _____
<b>CURRENT LIFEGUARDING CERTIFICATION:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>EXPIRATION:</b> _____
<b>OTHER RELEVANT CERTIFICATIONS:</b>		
<b>TYPE:</b> _____	<b>EXPIRATION:</b> _____	
<b>TYPE:</b> _____	<b>EXPIRATION:</b> _____	
<b>TYPE:</b> _____	<b>EXPIRATION:</b> _____	

**PREVIOUS EMPLOYMENT (STARTING WITH MOST RECENT EMPLOYMENT)**

<b>EMPLOYER:</b> _____	<b>DATES OF EMPLOYMENT:</b> _____
<b>ADDRESS:</b> _____	<b>SALARY:</b> _____
<b>POSITION TITLE:</b> _____	<b>REASON FOR LEAVING:</b> _____
<b>SUPERVISOR'S NAME AND PHONE NUMBER:</b> _____	
<b>BRIEF DESCRIPTION OF DUTIES:</b>	
_____	
_____	
_____	

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 **FOUR (4)** PROFESSIONAL OR PERSONAL REFERENCES. PROFESSIONAL REFERENCES MAY BE PREVIOUS EMPLOYER, COACH, TEACHER, ETC. **AT LEAST ONE REFERENCE MUST BE A PERSONAL REFERENCE.**
- **THE REFERENCE FORMS MUST BE COMPLETED AND RETURNED BEFORE YOU CAN BEGIN WORKING.**
- PLEASE ALSO LIST YOUR REFERENCE NAMES AND CONTACT INFORMATION BELOW.
- HAVE YOUR REFERENCES COMPLETE THE FORM IN ITS ENTIRETY AND RETURNED BY THE DATE INDICATED BY YOUR SUPERVISOR.
- 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.

REFERENCE NAME	RELATIONSHIP	PHONE NUMBER	EMAIL ADDRESS

### ADDITIONAL INFORMATION

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

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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:** \_\_\_\_\_



**HAMILTON AREA YMCA**  
PRE - EMPLOYMENT REFERENCE CHECK

Candidate Name: _____	Reference Name: _____
Company Name (if applicable): _____	Reference Phone #: _____
Reference Email Address: _____	

- In what capacity do you know the applicant (as their supervisor, teacher, coach, etc.)? \_\_\_\_\_  

	<u>Below Avg.</u>	<u>Avg.</u>	<u>Above Avg.</u>
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- To what degree was this person dependable and trustworthy?
- To what degree were this person's services satisfactory?
- How was this person's attendance?
- How was this person's communication?
- Have you observed the applicant working with children? Yes  No  If yes, can you give an example of how the applicant relates to children: \_\_\_\_\_
- To the extent that you know, please tell me about the applicant's role with children. For example: school volunteer, youth coach, day care volunteer, etc. \_\_\_\_\_
- Are you aware of any reason why we should not allow this applicant to work with children? Yes  No
- If this is a professional reference, please describe the type of work for which the candidate was responsible:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 a. How long has/was the candidate employed by your organization? \_\_\_\_\_  
 b. If they are no longer employed, what was their reason for leaving? \_\_\_\_\_
- Based on your interaction with the candidate, please describe his/her interpersonal skills: \_\_\_\_\_  
 \_\_\_\_\_
- What qualities have you seen this candidate display that you feel would make him/her an asset to the Hamilton Area YMCA? \_\_\_\_\_  
 \_\_\_\_\_
- Would you recommend this person for YMCA employment? Yes  No  If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**NOTE: Please note that you may be called or emailed by a Hamilton Area YMCA representative as assurance that you, in fact, filled out this reference form.**



**HAMILTON AREA YMCA**  
PRE-EMPLOYMENT REFERENCE CHECK

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9. If this is a professional reference, please describe the type of work for which the candidate was responsible:  
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10. Based on your interaction with the candidate, please describe his/her interpersonal skills: \_\_\_\_\_  
\_\_\_\_\_
11. What qualities have you seen this candidate display that you feel would make him/her an asset to the Hamilton Area YMCA? \_\_\_\_\_  
\_\_\_\_\_
12. Would you recommend this person for YMCA employment? Yes  No  If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

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Signature of Reference

\_\_\_\_\_  
Date

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