

YMCA of North Central Ohio

EQUAL OPPORTUNITY EMPLOYER

This application will remain active for 30 days.



Employment Application

Personal Information

Position of Interest:		Date:	
Name:			
Address:			
City:		State:	Zip:
Phone: ()	Email:		

Have you ever been employed at any branch of the YMCA of NCO? YES or NO

Dates:	Branch:	Position(s):
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Are you legally eligible for employment in the USA? No Yes - Verification will be required upon employment. If you are under 18 years of age, can you provide required proof of your eligibility to work? No Yes

Expected hourly rate or annual salary?	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
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Have you ever been convicted of a misdemeanor involving theft, misrepresentation, or moral turpitude (domestic violence, assault, battery, child abuse, etc.) or of any felony? Conviction of a crime will not be an absolute bar to employment.

Circle: YES or NO

Date	Place of Conviction	Type of Crime and Conviction

Availability

On what date will you be available to begin employment?	
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Please indicate below when you are available to work :

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Sunday AM PM

Thursday AM PM

Friday AM PM

Saturday AM PM

Educational Background

School	School Name and Address	Course of Study	Years Completed	Did you graduate?	Diploma/Degree?
High School					
College					
Other: Specify					

Personal registration, trade License, Certifications or Accreditations:

Type	Dates	Registration # (if applicable)	Any other information

Summarize any additional information necessary to describe your full qualifications:

Employment Background (List positions in chronological order starting with the most current or most recent position)

Employer Name		May we contact? YES or NO	
Address:			
City:		State:	Zip:
Phone: ()	Name/Title of Immediate Supervisor:		
Starting pay:	Ending pay:	Position(s) held:	
Date Hired:	Date Separated:	Reason for Separation	
Employer Name		May we contact? YES or NO	
Address:			
City:		State:	Zip:
Phone: ()	Name/Title of Immediate Supervisor:		
Starting pay:	Ending pay:	Position(s) held:	
Date Hired:	Date Separated:	Reason for Separation:	
Employer Name			
Address:			Address:
City:		State:	
Phone: ()	Name/Title of Immediate Supervisor:	Phone: ()	
Starting pay:	Ending pay:	Starting pay:	
Date Hired:	Date Separated:	Reason for Separation:	

I hereby give permission to contact the employers marked above concerning my prior work experience.

Signature: _____

Personal References (Not former employers or relatives)

Name/Occupation	Address	Phone Number	Years Known

IMPORTANT! Please read before signing!

My signature constitutes my certification that my responses are true and complete and that I have read and understand this paragraph. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the YMCA of NCO to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies, my prior employers and/or personal references to provide such information to the YMCA of NCO and I release them from liability for doing so.

A copy of this form shall serve as my authorization to release information and records. I hereby consent to undergo such drug screenings and post-offer medical examinations as the YMCA of NCO may require (which may include obtaining body tissue or fluid samples and analysis of them). I understand and agree that any falsification or omission either on this form or in my response to questions asked during the interviewing or examination process or on employment forms I may subsequently complete, including "I-9" forms, may result in immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both myself and the President of the YMCA of NCO.

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

If applicant was previously employed at the YMCA of NCO, are they eligible for rehire? YES or NO

Verified by: _____

Date: _____