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):

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?	$ ☐ Hourly ☐ Annually

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?	

Please indicate below when you are available to work :

Monday ☐ AM ☐ PM   Tuesday ☐ AM ☐ PM   Wednesday ☐ AM ☐ PM

Thursday ☐ AM ☐ PM   Friday ☐ AM ☐ PM   Saturday ☐ AM ☐ PM   Sunday ☐ 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

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? Y E S   o r   N O

Verified by:	Date: