



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLAINFIELD AREA

CHANGE LIVES, INCLUDING YOUR OWN

Employment Application

Our Mission

The Plainfield Area YMCA is a charitable, non-profit service organization dedicated to improving the potential of every member of our community through programs that build spirit, mind & body.

The Plainfield Area YMCA considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

GENERAL INFORMATION

Today's Date _____ SS# _____

First Name _____ MI _____ Last _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Have you ever been employed by the YMCA before? _____

If Yes, what branch? _____ Position _____

I am interested in the following positions (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Baby-sitting | <input type="checkbox"/> Clerical | <input type="checkbox"/> Fitness Class Instructor |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Member Service | (Style: Step, Yoga, Zumba, Etc.) |
| <input type="checkbox"/> Class Instructor | <input type="checkbox"/> Swim Instructor | _____) |
| <input type="checkbox"/> Camp (Seasonal) | <input type="checkbox"/> Wellness Instructor | |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Teen Programs | Other _____ |
| <input type="checkbox"/> School Age Child Care | <input type="checkbox"/> Youth Class Instructor | |

Date available to begin work _____ Desired Salary _____

Please indicate the hours and days you are available to work. Facility hours vary between 6:00 AM -10:00 PM.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How did you hear about this position?

- | | |
|---|--|
| <input type="checkbox"/> Advertisement (Where _____) | <input type="checkbox"/> YMCA Vacancy List |
| <input type="checkbox"/> YMCA Employee (Who _____) | <input type="checkbox"/> Other _____ |

EMPLOYMENT HISTORY

Starting with the present or most recent, list all previous employers. Include self-employment, summer, part time jobs and all periods of unemployment. Use additional paper if necessary.

Company Name _____ Employed from _____ to _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor/Title _____

Are we able to contact them as a reference? Yes No Not at this time.

Job Title _____ Rate of Pay _____

Summary of Work Performed _____

Reason for Leaving _____

Company Name _____ Employed from _____ to _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor/Title _____

Are we able to contact them as a reference? Yes No Not at this time.

Job Title _____ Rate of Pay _____

Summary of Work Performed _____

Reason for Leaving _____

Company Name _____ Employed from _____ to _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor/Title _____

Are we able to contact them as a reference? Yes No Not at this time.

Job Title _____ Rate of Pay _____

Summary of Work Performed _____

Reason for Leaving _____

VOLUNTEER HISTORY

You may exclude anything that may indicate race, color, religion, gender, national origin, age, handicap or status as a veteran.

Organization Name _____ Volunteer From _____ to _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor/Title _____

Summary of Work Performed _____

Organization Name _____ Volunteer From _____ to _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Supervisor/Title _____

Summary of Work Performed _____

EDUCATION & SKILLS

Education	Name & Location of School	Degree Area or Relevant Course Work	Diploma
High School			
College/University			
College/University			
Other Training or Education			

CERTIFICATIONS (Copies will be required upon hire)

___ First Aid _____ Expiration ___ CPR/AED _____ Expiration

___ Lifeguard _____ Type & Expiration ___ CDL _____ Expiration

___ Fitness Certifications _____ Types & Expiration

Why are you applying to work at the YMCA? _____

What are your qualifications for the position you are applying for? _____

What are your interests and hobbies? _____

PERSONAL REFERENCES

Please list references who are not related to you and who have known you for at least one year.

Name _____ Occupation _____

Home Phone _____ Work Phone _____

Address _____

E-mail _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____

Address _____

E-mail _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____

Address _____

E-mail _____

Are you over 18 years of age? Yes No If not, can you obtain a valid work permit? Yes No

Have you ever been disciplined or discharged from a position for absenteeism, tardiness, failure to notify your employer when absent, or any other attendance related reasons? Yes No

If yes, please explain _____

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Work Phone _____

The above information is true and complete to the best of my knowledge. Should I be employed by the Plainfield Area YMCA, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Plainfield Area YMCA has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history, and I release all parties from any possible damages resulting from disclosing such information. I understand that neither this application, nor my acceptance of employment with the Plainfield Area YMCA shall constitute an employment contract of any kind. Should I be employed by the YMCA, I may resign such employment at any time at my discretion with or without prior notice and the YMCA may terminate my employment at any time at its discretion, with or without cause and with or without prior notice.

Signature _____ Date _____