

San Angelo YMCA

Employment Application

Thank you for your interest in the YMCA!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions or employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below:

- * Be sure to write legibly.
- * The application must be completed in full.
- * Do not leave any spaces blank or write "see resume" in response to any question.
- * Read and sign the last page of the application.

Personal Information					
Name			Date		
Address		City/State/Zip			
Primary Phone	Secondary Pho	ne			
Are you 18 years of age or older? If no, you may be required to provide work authorization. Yes No					
If hired, can you provide verification of your legal right to work in the United States? Yes					No
Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations?					No
Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? Yes					No
If yes, please provide date, location, charges and a complete explanation of may consider the nature, date and circumstances of the offenses.)	all offenses. (A	conviction will not necessarily ban	r employment. T	The YMC	CA .

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for our staff. We minimize opportuities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training for our staff.

Employment In	formatio	n						
Position Applying For						Date Available		
Program Areas you wis	h to be cons	idered for:		Please circle supplementa	- If selecting ch Il application.	ildcare, pleas	e complete th	ne
Aquatics Childca	are Child Wa	itch Group F	itness Maint	enance Weld	come Center V	Vellness Cente	er Youth Spo	orts
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
List availble days/hours								
Have you ever bee emp	oloyed by th	is or any YM	CA before?	Yes No				
Date		Location/YMCA						
Do you have an relative	es or househ	old member	rs currently	working for	this YMCA? Y	es No		
Name				Relationship				
How did you learn abou	ıt this positi	on? <i>Please</i> (circle					
Newspaper	Online Jo	b Posting	Workforce	Job Posting	ASU Job	Posting	YMCA Jo	b Board
Social Media	YMCA \	Website	Wa	lk In	Employee (Na	ame)		
Education/Cert	ification	/Skills						
	Name o	of school	City,	State	Graduation Date	Degree	Ma	jor
High School/GED								
College								
Graduate School								
Vocational/Other								
Safety and Job Specific	Certification	ns						
Ту	pe pe		Provider		Level		Expiration	
Describe any non-employment	t experience su	ch as school or	volunteer activi	ties that might s	strengthen your a	oplication.		
Do you speak a langua	ge other tha	n English?	Yes No	Please list				

Employment History	recent. Use addition		uring the past seven year fnecessary	s starting with the most
Employer		Job Title		
Address			City/State	
Start Date Mo/Yr Supervisor Name	End Date Mo	/Yr	Pay Rate \$Phone Number	per
May we contact this amployor?	Yas No Reason f	for Leaving		
May we contact this employer? Summarize the nature of the work perform				
Employer		Job Title		
Address			City/State	
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Start Date Mo/Yr	End Date Mo	/Yr	Pay Rate \$	per
Supervisor Name			Phone Number	
May we contact this employer?	Yes No Reason f	for Leaving	•	
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Address			City/State	
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May we contact this employer?	TES INO	for Leaving		
Summarize the nature of the work perform	ed and job responsibilities			
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May we contact this employer?	res No	for Leaving		
Summarize the nature of the work perform	ed and job responsibilities			

Relationship Phone Territory Territor	Personal References Do not list relatives or household members						
Email Phone	Name	Relationship	ationship		Years Known		
Address City/State/Zip Final Relationship Phone City/State/Zip Email Phone Phone Phone Phone City/State/Zip Email Phone I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any other with whom you desire to check/ to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check. I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge, understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submit connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing circumstances of discovery. If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without no at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA as cause and with or without no at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA is more manager, supervisor representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to many agreement contrary to the foregoing. Only the CEO of the YMCA has be authority to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing. Only the CEO of the YMCA has t	Address	ļ	City/State/Zip				
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Signature Date	Applicant Signature						
i l	Signature				Date		