



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

THE YMCA OF KLAMATH FALLS 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 of 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.

OUR MISSION
 To put Christian principles into practice through programs that build healthy mind, body and spirit and promote youth development, healthy living and social responsibility.

Personal Information

Position Applying For: _____ Date: _____
 Preferred YMCA Location: _____ Date Available: _____
 NAME: _____ E-mail: _____
 Last First MI
 Address: _____
 Street City State: ZIP
 Telephone: Home ____/____/____ Business ____/____/____ Mobile ____/____/____

Are you 18 years of age or older? *(If not, 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 accommodation? Yes No

Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full-time Part-time Seasonal As Needed

Have you previously been employed by this YMCA or any other YMCA? Yes No
 If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA? Yes No
 If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA? Yes No
 If yes, name(s) and relationship:

Employment Application

Education & Training					
Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Describe any non-employment experience such as school or volunteer activities that might strengthen your application:					
Safety & Job Specific Certifications					
Type (CPR, First Aid, CDA, etc.)		Provider	Level	Expiration	
Employment History					
List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.					
Employer	Telephone /	<u>Dates Employed</u> From: __/__/__ To: __/__/__		Summarize the nature of the work performed and job responsibilities.	
Address					
Job Title					
Immediate Supervisor and Title					
Reason for Leaving					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$ ____ per ____		
			<u>Ending Hourly Rate/Salary</u>		
			\$ ____ per ____		
Employer	Telephone /	<u>Dates Employed</u> From: __/__/__ To: __/__/__		Summarize the nature of the work performed and job responsibilities.	

Employment Application

Address			
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ ___ per ___	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ___ per ___	

Employer	Telephone /	<u>Dates Employed</u> From: __/__/__ To: __/__/__	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ ___ per ___	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ___ per ___	

Personal References		Do not list relatives or past employers.	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____ / _____	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____ / _____	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____ / _____	

Application Acknowledgement and Authorization

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others 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 and 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. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or 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 notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or 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 and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: _____ Date: _____