

Wapakoneta Family YMCA

1100 Defiance Street, Wapakoneta, Ohio 45895

We build strong kids, strong families, strong communities.

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the management team.

PLEASE PRINT

Name, (First, Middle, Last)	Home/Business Phone	Current Date
Present Address (Street/PO Box)	(City and State)	(Zip Code)
If you have lived at the above address for less than six months, list your previous address	Address (Street/PO Box)	(City, State, Zip Code)
Alternate phone number, if any	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Best time to reach you
Social Security Number	E-mail Address	How were you referred?
Are you currently eligible (by reason of citizenship or legal alien status) for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you require employer sponsorship in order to remain eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are under 18 years of age do you have a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:
Have you ever worked under a different last name than currently used? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide name(s):	Have you ever applied for employment at the Wapakoneta Family YMCA before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when:
Have you ever been employed by the Wapakoneta Family YMCA? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give dates	Are you related to anyone at the YMCA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name & relationship:
Have you ever been employed by any other YMCA before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give dates	If yes, give position & location

Have you ever been convicted of a criminal offense, or participated in a pre-trial deferral or diversion program? Yes No
 Falsification, misrepresentation and/or omission of criminal conviction is grounds for refusal to hire, or if hired, for dismissal. (Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.) If answer is yes, indicate date(s) of conviction and the type(s) of offense(s); include matters for which you may have plead guilty, no content, or participated in a pre-trial diversion program.

Should you have a criminal conviction or a pending charge involving a breach of trust or dishonest act, the YMCA may be required to suspend or terminate your employment pursuant to Federal regulations. Additionally, regulatory and bonding requirements necessitate fingerprinting and background investigations regarding criminal records of our employees. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment. Omission of information deemed material by the YMCA will be considered a willful misstatement and may be grounds for immediate termination of the application process, or if employed, termination of employment by the YMCA.

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Position Applied For	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> Education Co-Op <input type="checkbox"/>	Indicate hours you are available to work:
Date available to work	How many hours per week do you prefer?	Will you work: Nights Yes <input type="checkbox"/> No <input type="checkbox"/> Saturday Yes <input type="checkbox"/> No <input type="checkbox"/> Sunday Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you be willing to work any additional hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain	Driver's license number if driving is an essential job function No. _____ State: _____
Will you work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain	Desired salary (please specify)

Education

High School Name	Address (Street, city, state, zip)	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>
Course of Study	GPA	Class Rank
College attended	Address (Street, city, state, zip)	Dates attended
Major/Minor/GPA	Name of Degree	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> When: _____
College attended	Address (Street, city, state, zip)	Dates attended
Major/Minor/GPA	Name of Degree	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> When: _____

Extracurricular activities (you may exclude any organization in which the name or character of the organization indicates the race, color, religion, national origin, sex, veteran status, ancestry, age, disability, marital status, or any other classification protected by federal, state or local law):

Honors, awards and achievements:

List any courses taken that may be applicable to the position for which you are applying (i.e., physical fitness):

Use the space provided to list additional interest, professional trade, business or civic associations memberships/offices, skills, or qualifications that you possess or held that you feel qualify you for the position for which you are applying:

References

List name and telephone number of three business/work references that are NOT related to you. If not applicable, list three school or personal references that are not related to you.

Name	Business/Work/School	Phone Number

Employment History

Provide the following information of ALL your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Address(street, city, state, zip)	Phone number
Job title	Employment dates	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/>
Supervisor	Salary (Beginning & Ending)	May we contact for reference Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Description of work		
Reason for leaving		
If this employer were asked, is this the same reason they would give? Yes <input type="checkbox"/> No <input type="checkbox"/> (explain)		Were you involuntarily terminated from this position? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Address(street, city, state, zip)	Phone number
Job title	Employment dates	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/>
Supervisor	Salary (Beginning & Ending)	May we contact for reference Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
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Description of work		
Reason for leaving		
If this employer were asked, is this the same reason they would give? Yes <input type="checkbox"/> No <input type="checkbox"/> (explain)		Were you involuntarily terminated from this position? Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments (including explanation of any gaps in employment)

Do you have any part time or full time jobs that you would expect to continue during your employment here?
Yes No If yes, explain:

Have you ever been suspended or place on probation for attendance? Yes No If yes, explain:

Certification

Please read carefully. If you have any questions regarding this statement, please discuss them with a representative of the management team before signing.

THE EMPLOYMENT RELATIONSHIP AT THE WAPAKONETA FAMILY YMCA IS AT WILL, AND EMPLOYMENT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AT THE OPTION OF EITHER THE WAPAKONETA FAMILY YMCA, OR THE EMPLOYEE.

It is the policy of the Wapakoneta Family YMCA ("YMCA") to provide a harassment-free and equal employment opportunity work environment for all applicants and employees.

"I certify that the information contained in this application, and accompany resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in the application to give the YMCA or its agents any and all information concerning my previous employment, education, or any other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA). I understand that an investigative consumer report may be made by the YMCA or through a credit bureau investigative agency. I authorize you to request and receive such information unless otherwise indicated in the employment section of this application. In order to assure the integrity of the verification process, I am voluntarily providing my birth month: _____ and birth day: _____. (Do not include year of birth)."

"In the event of my employment, I agree to conform to the policies, rules, and regulations of the YMCA and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the YMCA at any time, at the YMCA'S sole option and without prior notice to me. I understand that the YMCA reserves the right to investigate any suspected unethical or illegal activities and any violation of the policies including, but not limited to, misappropriation of funds, falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, unexcused absences, and the like. Violation of the YMCA'S policies will result in disciplinary actions by the YMCA, which could include termination and prosecution. I understand that this application will be given every consideration but its receipt does not imply that I will be employed. I understand that this employment application and any other YMCA documents are not contracts for employment, and that my employment will be employment at will and can be terminated at any time, with or without cause or notice, at the option of either the YMCA or myself. If hired, I understand that no modification or alternation of my employment at will status shall be valid or binding, unless it is expressly set forth in a written document by the President of the Board of Directors."

"I understand that the YMCA may require me to undergo a drug test by medical staff and/or agent selected by the YMCA as a condition of my employment and/or continued employment. I consent to the release of my drug test results to the YMCA. I further understand that I must successfully pass the drug test to be considered for employment with the YMCA. I understand that medical examinations which are job-related and consistent with the YMCA'S business necessity may be required of me once I am employed. I further release the YMCA, including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand that the YMCA may maintain a restricted smoking environment."

"I understand that this application will remain open, for the Job for which I have applied for a six month period. At the conclusion of that time, if I have not heard form the YMCA and still wish to be considered for employment, it will be necessary to reapply and fill out a new application."

"I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard."

"I certify that the information in this application is correct and complete. I certify that my signature or typed name sent electronically justifies my acknowledgement of this certification. I understand that if offered employment, my employment is contingent on completing all aspects of the pre-employment and reference checking process."

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION IN ITS ENTIRETY.

Applicant's Signature
(Typed name for electronic submission)

Date