

ABERDEEN FAMILY YMCA EMPLOYMENT APPLICATION

Equal Opportunity Employer



The mission of the Aberdeen Family YMCA is to put Christian principles into practice that build healthy spirit, mind, and body for all.

ABERDEEN FAMILY YMCA

5 South State Street

Aberdeen, SD 57401

605-225-4910

VISIT www.aberdeenyumca.org



3/9/17

Personal Information

Date: _____

Name (Last, First, Middle)

Current Address

City

State

Zip

Phone: (____) _____ Email: _____

If employed, can you provide proof of US citizenship? ___ Yes ___ No

Are you over 18 years of age? ___ Yes ___ No

Have you been known by another name? ___ Yes ___ No If yes, what name? _____

Have you ever worked for the YMCA before? ___ Yes ___ No
If yes, reason for leaving?

Are you acquainted with anyone who is or was employed by the YMCA? ___ Yes ___ No

If yes, who?

If hired by the YMCA, a criminal background check or an investigation of your driving record, including verification of your valid drivers license, may be conducted. Is this acceptable?

_____ Yes _____ No

Authorization signature to perform background check:

_____ Date: _____

Your Interest in the YMCA

What position(s) are you applying for? _____

Date available to start work: _____

What hours are you available for work? (Check all that apply)

___ Mornings ___ Daytime ___ Evenings ___ Weekends

What unique qualifications, skills, experience or interests do you bring to the YMCA?

Why would you like to work for the YMCA?

Education and Training

High School Name & Location

College/University Name & Location Degree(s) Earned/Dates Attended

Trade/Technical Training Organization Name & Location Degree (s) Earned/Dates Attended

Special Training, Certifications & Skills:

Employment

(Please give an accurate, full-time & part-time employment record. Start with your present or most recent employer. Please attach an explanation of any gaps in employment.)

1. Employer _____ Telephone _____

Address _____

Supervisor's Name & Title _____

Hourly Rate:

Starting _____ Final _____

Employment (Month/Year):

From _____ To _____

Describe the work you do or did (include skills that you could apply at the YMCA):

Explain your reasons for leaving:

May we contact this employer? _____ Yes _____ No If no, please explain:

Professional References (must have known applicant 2 years or more / NO relatives)

- 1. Name/Title _____ Telephone _____
 Organization _____ Address _____
 Relation to Applicant _____
- 2. Name/Title _____ Telephone _____
 Organization _____ Address _____
 Relation to Applicant _____
- 3. Name/Title _____ Telephone _____
 Organization _____ Address _____
 Relation to Applicant _____

Additional Information of Importance in Applying for this Position:

Please Read and Sign

By my signature below, I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment if discovered at a later date. I agree to immediately notify the Aberdeen Family YMCA if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending, or during my period of employment, if hired.

I authorize any person, school, current employer, past employer(s), and organizations named in this application (and accompanying resume, if any) to provide the Aberdeen Family YMCA with any information and opinion requested by the YMCA in connection with any application, and I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted YMCA policies. I understand and agree, that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment application.

Applicant's Signature: _____ Date: _____

*****FOR EMPLOYER USE*****	
Starting Date _____	Starting Pay _____
Pay Increases:	
Date _____	Amount _____
Date _____	Amount _____
Release Date _____	Reason for Leaving _____

HOURS OF AVAILABILITY

<u>Monday</u> Hours of Operation 5:00am-10:00pm	<u>Tuesday</u> Hours of Operation 5:00am-10:00pm	<u>Wednesday</u> Hours of Operation 5:00am-10:00pm	<u>Thursday</u> Hours of Operation 5:00am-10:00pm	<u>Friday</u> Hours of Operation 5:00am-10:00pm

<u>Saturday</u> Hours of Operation 7:00am-6:00pm	<u>Sunday</u> Hours of Operation 12:00pm-6:00pm