

Olean-Bradford Area YMCA

AQUATIC DEPARTMENT

Employment Application

\_\_\_\_ Olean Branch: 1101 Wayne St. Olean, NY 14760

Date \_\_\_\_\_

\_\_\_\_ Bradford Branch: 59 Boylston St. Bradford, PA 16701

Submit application to the branch of your choice.

**PRINT**

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

If not, state your age \_\_\_\_ DOB \_\_\_\_\_ Do you have the required working papers? \_\_\_\_ Yes \_\_\_\_ No

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No If not, do you have a legal right to work in this country? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime? [ ] Yes [ ] No If yes, list dates and convictions: \_\_\_\_\_

Are you currently listed on any state sex offender registry levels 1, 2, or 3? [ ] Yes [ ] No

Are you currently listed on any state sex offender registry levels 1, 2, or 3? [ ] Yes [ ] No

Are you currently listed on any state sex offender registry levels 1, 2, or 3? [ ] Yes [ ] No

**EDUCATION**

Name of School Location of School Years Attended Subjects Studied or Degree(s) obtained

High School \_\_\_\_\_

College \_\_\_\_\_

Trade, Business or Correspondence School \_\_\_\_\_

Subjects of Special Study or Research Work \_\_\_\_\_

U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_

**CERTIFICATIONS**

Certifying Agency Date Issued Exp. Date Instructor

Lifeguarding \_\_\_\_\_

First Aid \_\_\_\_\_

CPR for the \_\_\_\_\_

Professional rescuer/AED \_\_\_\_\_

**LIST OTHER CERTIFICATIONS, AS APPLICABLE**

\_\_\_\_\_

\_\_\_\_\_

**AQUATIC EXPERIENCE**

(1) considerable experience (2) moderate experience (3) little experience (4) no experience

\_\_\_\_\_ infants \_\_\_\_\_ adult \_\_\_\_\_ lifeguarding

\_\_\_\_\_ preschool \_\_\_\_\_ water exercise

\_\_\_\_\_ youth \_\_\_\_\_ coaching Other \_\_\_\_\_

**HOURS AVAILABLE TO WORK**

Date available to start \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**REFERENCES:** Below, give the names of two persons NOT related to you, 18 years or older whom you have known at least one year. Your third reference should be a family member 18 years or older.

Name	Address	Yrs. Known	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Family Member – relationship _____			
3. _____	_____	_____	_____

***Former Employers: List last three employers, starting with the last one first.***

Date/Mo/Year	Name, Address, Phone of Employer	Salary	Position	Reason for Leaving
From _____ To _____	_____	_____	_____	_____
Job Duties: _____				
From _____ To _____	_____	_____	_____	_____
Job Duties: _____				
From _____ To _____	_____	_____	_____	_____
Job Duties: _____				

***Were you ever employed by the YMCA?*** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, in what position? \_\_\_\_\_  
 Association/Branch Name: \_\_\_\_\_ Yrs. of Employment: \_\_\_\_\_

***Applicant's Statement - Read the following statements carefully before signing this application.***

- The information in this application for employment is true. I understand that if any statement or response, on the application form, during the interview, or at any time during the hiring process, is found to be false or misleading, consideration of the applicant will be discontinued. This will result in employment denial in the case of an applicant and possible dismissal of a current employee.
- It is my understanding that a Request for a Criminal Background Check and Child Abuse History Clearance may be required to be completed for certain positions within the Olean-Bradford Area YMCA.
- I understand the representatives of the YMCA and its agents may conduct a background investigation on me, and may contact my former employers, references and other third parties to obtain additional information related to employment. I hereby request, release, and consent to the release and disclosure of such information.
- I understand that my initial employment may be contingent upon receipt of a current physical examination made of me by a licensed physician. I understand that I am responsible for any costs incurred for this examination.

**I hereby acknowledge that I have read and understood the above statements, and that I voluntarily sign this application.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

*The YMCA is an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, disability, marital status, or arrest record. As an employer, we will try to reasonably accommodate employees with religious beliefs.*

