Olean-Bradford Area YMCA

Application for Employment

____ 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_____

Last First Middle Intial

Present Address_____

Street City State Zip

Permanent Address_____

Street City State Zip

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

EMPLOYMENT DESIRED **Olean Branch _____** **Bradford Branch _____**

___ Child Care, infant/preschool ___ Child Care, school age ___ Aquatics ___ Youth Sports

___ Membership/Office ___ Fitness Instructor ___ Wellness Ctr

___ Teens ___ Gymnastics ___ Maintenance Other _____

Are you employed now?_____ If so, may we contact your present employer? _____

Date available to start _____

HOURS AVAILABLE TO WORK

Monday _____ Thursday _____ Sunday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Preferred # of hours to work each week _____ Are you willing to work at an off-site location? _____

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 _____

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.

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_____