



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. It is the intent of the Shenango Valley YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE		Social Security No.
ADDRESS: Street Number and Name, City, State, Zip Code	Home Telephone No.	Cell Telephone No.
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (A conviction will not necessarily disqualify you.) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:		
Are you able to perform all the tasks associated with working at the YMCA without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please describe which tasks you will need an accommodation to perform, and explain what type of accommodation you will need:		

EMPLOYMENT INFORMATION

Type of POSITION applying for:	Date Available to start work:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have schedule conflicts that would limit your availability for work? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe the hours/days you would be available to work:	
Have you ever applied at the Shenango Valley YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and where?
How were you referred to the Shenango Valley YMCA?: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below)	

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
	From	To			
High School					
College/University					
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying.					

PREVIOUS EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				YMCA USE ONLY	
Company Name		Phone No. ()		Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay		Start	Final
Supervisor (Name & Title)					
Description of Job Duties					
Company Name		Phone No. ()		Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay		Start	Final
Supervisor (Name & Title)					
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Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay		Start	Final
Supervisor (Name & Title)					
Description of Job Duties					

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Contact Phone Number	YMCA USE ONLY

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Shenango Valley YMCA is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification; misrepresentation or omission of facts called for may result in immediate termination from employment or removal of my application from consideration. I authorize the Shenango Valley YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

I understand that if I am employed by the Shenango Valley YMCA I will be required to provide a current Child Abuse History Clearance from the State of Pennsylvania and a current Criminal Record Check from the Pennsylvania State Police. I also understand that if I do not have current clearances or checks and have to pay to receive them, that the Shenango Valley YMCA will reimburse me for these upon receipt of the clearances/checks. I understand that failure to provide these will be cause for dismissal and that the presence of a criminal record may be cause for dismissal.

Initial

If I am employed by the Shenango Valley 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 Shenango Valley YMCA or myself. I understand that, other than the Chief Executive Officer of the Shenango Valley YMCA, no executive, 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. 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 Shenango Valley YMCA.

Initial

My signature below certifies that I have read and understand the foregoing and that to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Date of Application