



# TRI-TOWN YMCA EMPLOYMENT APPLICATION

**Directions:** Please legibly print and complete all components of this application.

**Applicant Note:** This form is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits.

*Tri-Town YMCA is an equal opportunity employer and does not discriminate against race, color, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, citizenship, or any other characteristic protected by law in all employment decisions.*

CONTACT INFORMATION		
First Name:	Middle Name:	Last Name:
Home Street Address:		City, State, Zip Code:
Home Telephone:		Cellphone:
Email Address:	Date of Birth:	Gender:

POSITION INFORMATION			
Are you 18 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you legally eligible for employment in this country? (Proof will be required upon employment.) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Position Desired:	Hourly Salary Desired:	Please Select the Type of Employment you Desire: <input type="checkbox"/> Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Please Select the Days/Times You are Available to Work:			
Monday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM		Friday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM	
Tuesday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM		Saturday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM	
Wednesday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM		Sunday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM	
Thursday <input type="checkbox"/> 6AM-9AM <input type="checkbox"/> 10AM-1PM <input type="checkbox"/> 2PM-6PM <input type="checkbox"/> 7PM-10PM			
Are you willing to travel? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do you have any restrictions?		Are you willing to relocate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do you have any restrictions?	
Driver's License Number:	State Issued:	Expiration Date:	Class:

EMPLOYMENT HISTORY					
Start Date	End Date	Position	Employer	Phone Number	Name of Supervisor
Reason for Leaving				Final Hourly Wage	Are you eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes
Start Date	End Date	Position	Employer	Phone Number	Name of Supervisor
Reason for Leaving				Final Hourly Wage	Are you eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes
Start Date	End Date	Position	Employer	Phone Number	Name of Supervisor
Reason for Leaving				Final Hourly Wage	Are you eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes
Start Date	End Date	Position	Employer	Phone Number	Name of Supervisor
Reason for Leaving				Final Hourly Wage	Are you eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes

EDUCATION HISTORY				
School	Name of School & City, State	Diploma/Degree/Certificate Received	Date Received	Major
High School				
College/Secondary Education				
College/Secondary Education				
Other				

PROFESSIONAL LICENSES & CERTIFICATIONS					
License/Certification	Date Received	Expiration Date	License/Certification Number	Issuing State	Has license/certification ever been revoked or suspended?
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

PROFESSIONAL REFERENCES				
First Name	Last Name	Employer	Title	Relationship
Years Known	Telephone		Email	
First Name	Last Name	Employer	Title	Relationship
Years Known	Telephone		Email	
First Name	Last Name	Employer	Title	Relationship
Years Known	Telephone		Email	
First Name	Last Name	Employer	Title	Relationship
Years Known	Telephone		Email	

*I certify that I have read and understand the "Applicant Note" on Page 1 of this application and that the information furnished herein and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when false answers or omissions are discovered. I further agree that if I am hired by the Company, I will be an at-will employee, which means that either the Company or I may end my employment at any time with or without cause or notice. I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement as a condition of the employment. I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer. I hereby authorize the Company to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment or continued employment. I recognize that this employment application is not an offer of employment.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Applicant is under 18 years of age, Parent/Guardian Signature

\_\_\_\_\_  
Date