



# EMPLOYMENT APPLICATION

\_\_\_\_\_  
 Last Name First Middle

\_\_\_\_\_  
 Street Address City State Zip

\_\_\_\_\_  
 Home Phone Other Email Address

## DESIRED POSITION

\*child care applicants must include a resumé

\_\_\_\_\_  
 1<sup>ST</sup> CHOICE Years of Experience 2<sup>ND</sup> CHOICE Years of Experience

Full-time  Part-time  Summer Only Date available to begin work \_\_\_\_\_

## LOCATION OF POSITION APPLYING FOR

Maple Branch  Portage Branch  Lincoln Youth Center  School/Community Location

- Yes  No Have you ever applied at the YMCA of Greater Kalamazoo?
- Yes  No Have you ever been employed by this Y previously? Position/Branch \_\_\_\_\_
- Yes  No Are you at least 18 years of age?
- Yes  No Are you legally eligible to work in the United States?
- Yes  No Have you ever been convicted of a crime? If yes, please explain. \_\_\_\_\_
- \_\_\_\_\_
- Yes  No Have you ever been convicted of child abuse?
- Yes  No Are there any felony charges pending against you?
- Yes  No Are you able to perform the essential functions of the job for which you are apply?

What date are you available for work? \_\_\_\_\_

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available							
Not Available							

## Education and Skills

Type of School	School Name & Address	Course Majored	Date Graduated
High School			
College			
Other			

### Check computer skills that apply to your experience

<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Database	<input type="checkbox"/> Other
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Typing	

Early Childhood Courses Completed \_\_\_\_\_

Special Skills/Talents \_\_\_\_\_

### Current Certifications You Hold (please bring certifications if you are interviewed)

Certification	Expiration	Certification	Expiration
<input type="checkbox"/> YMCA Lifeguard/or other		<input type="checkbox"/> Pilates Instructor	
<input type="checkbox"/> YMCA Swim Instructor/other		<input type="checkbox"/> Personal Trainer	
<input type="checkbox"/> Group Exercise Instructor		<input type="checkbox"/> ACE, AFAA, ACSM, NDEITA or other	
<input type="checkbox"/> Tennis Professional		<input type="checkbox"/> CPR	
<input type="checkbox"/> First Aid		<input type="checkbox"/> Oxygen Administration	
<input type="checkbox"/>		<input type="checkbox"/>	

Professional organizations I belong to \_\_\_\_\_

Volunteer experience I have had \_\_\_\_\_

## Work Experience

Please list last job or present position first

May we contact your present employer?  Yes  No

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job responsibilities \_\_\_\_\_

Date Hired (mm/yy) \_\_\_\_\_ Date left (mm/yy) \_\_\_\_\_ Final Wage/Salary \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Work Experience – continued**

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job responsibilities \_\_\_\_\_

Date Hired (mm/yy) \_\_\_\_\_ Date left (mm/yy) \_\_\_\_\_ Final Wage/Salary \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job responsibilities \_\_\_\_\_

Date Hired (mm/yy) \_\_\_\_\_ Date left (mm/yy) \_\_\_\_\_ Final Wage/Salary \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please explain fully any gaps in employment \_\_\_\_\_

If you wish to provide any additional information please do so here. \_\_\_\_\_

**References**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

## **Applicant Statement**

I hereby affirm that the information provided on this application (and accompanying résumé, if any) and any other information I provide relative to the employment process, is true and complete to the best of my knowledge. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and/or educational background, including criminal background checks and discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations requesting or supplying such information and waive any right to notice of such disclosure.

If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the YMCA of Greater Kalamazoo.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the YMCA of Greater Kalamazoo to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resources Department as soon as possible after the date I know that accommodation is needed.

I hereby give my consent to the YMCA of Greater Kalamazoo, through an authorized testing service of its choice, to collect blood, urine, hair and saliva samples, or other fluid or tissue samples from me and to conduct another medical test to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the YMCA of Greater Kalamazoo from any liability arising out of such test or its results. Further I give my consent for the release of the test results and other relevant medical information to authorized YMCA of Greater Kalamazoo management for appropriate review. If I am accepted for employment by the YMCA of Greater Kalamazoo, I hereby consent to be tested in the above manner during my employment when required by federal, state, or local law, business necessity or a reasonable suspicion of drug use, and I acknowledge that remaining free of drug use is a condition of employment.

I understand that if I become an employee of the YMCA of Greater Kalamazoo, I will be employed on an indefinite basis and am subject to termination at any time with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the CEO of the YMCA of Greater Kalamazoo has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the CEO will be enforceable unless it is in writing, pertains specifically to me, and is signed by the CEO.

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Signature

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Date

YMCA of Greater Kalamazoo  
1001 W. Maple Street  
Kalamazoo MI 49008

**YMCA of Greater Kalamazoo**

**Criminal Background Check Authorization Form**

By signing below, I \_\_\_\_\_, hereby  
Last Name First Name Middle Initial

authorize the YMCA of Greater Kalamazoo to obtain a criminal background check about me and to consider it when making decisions regarding my employment at the YMCA of Greater Kalamazoo.

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

Race: \_\_\_\_\_ White Sex: \_\_\_\_\_ Male  
\_\_\_\_\_ Black \_\_\_\_\_ Female  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Other

Birth Date: \_\_\_\_\_  
Month/Day/Year

Previous Name(s): \_\_\_\_\_  
Last Name First Name Middle Initial  
\_\_\_\_\_  
Last Name First Name Middle Initial

***If you have lived outside of Michigan in the last 10 years you will need to complete a Fair Credit Reporting Act Disclosure and Authorization form.***

*The information given on this form is used to obtain verification of criminal background history only. The information provided on this form by you, the applicant, is not used in consideration for employment.*