

Tri-Cities Family YMCA APPLICATION FOR EMPLOYMENT PLEASE PRINT



			Date Of Appl	lication:		
		City, State, Zip:				
	_ Email	:				
☐ Yes ☐ No			peen employed	I by the Tri-Citie	es 🗌 Yes 🗌 No	
☐ Yes ☐ No		•	s:			
☐ Yes ☐ No		than minor traff	ave you ever been convicted of a crime (other an minor traffic violations)? Yes No yes, explain:			
☐ Yes ☐ No						
	_ Are yo	ou available to wo	ork: 🗌 Full T	ime \square Part	Time Seasonal	
ons or other experie	nces that	relate to the pos	sition(s) applie	d for?		
·		•				
Date available to start work:						
ndicapped employee nodation within 182	es and ap 2 days of	plicants may requite the date the hand	uest an accom dicapper knows	modation of the s or should know	eir handicap by noti- w that an accommo-	
ved your education	(for refere	ence checking pu	rposes):			
		ADDRESS		# YEARS COMPLETE	DIPLOMA/DEGREE	
of the United State	es or in a	State National G	iuard? 🔲 Ye	es 🗌 No		
☐ Yes ☐ No	[Do you have a yo	outh bus or sch	nool bus driver's	<u>_</u> _	
☐ Yes ☐ No					☐ Yes ☐ No	
	ent vou	have operated)				
	_					
	Yes No Yes No Yes No Yes No Yes No Ons or other experies Ontain Addicapped employee modation within 182 MCA will preclude are Ved your education Gof the United State Yes No Yes No Yes No	Email: Yes No Yes No Yes No Yes No Are you ons or other experiences that mandations to handicappeer andicapped employees and approduction within 182 days of MCA will preclude any claim to a soft the United States or in a soft the United Stat	Email: Yes No	City, State, Zip: Email: Have you ever been employed Family YMCA? Have you ever been employed Family YMCA? Have you ever been convicted than minor traffic violations)? Yes	Family YMCA? Yes	

REFERENCES (Do not include relative NAME	atives)	ADDDECC	DHONE	DEL ATIONICHID	
1.		ADDRESS	PHONE	RELATIONSHIP	
2.					
3.					
<u> </u>					
list any friends or relatives working	for the YMCA:				
Tell us briefly about yourself - your a	mbitions, qualificati	ons, and reasons for wanting employm	ent with the YMCA:		
EMPLOYMENT EXPERIENCE (List Employer 1:	current or most re	cent job first) Dates From: Dates To:			
Employer 1.		Dutes from: Dutes fo.	Work	Work Performed	
Address:		Hourly Rate/Salary Starting:			
Job Title:		Hourly Rate/Salary Final:			
Supervisor:	Phone:	Reason For Leaving:			
Employer 2:		Dates From: Dates To:	Work	Work Performed	
Address:		Hourly Rate/Salary Starting:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Terrormod	
Job Title:		Hourly Rate/Salary Final:			
Supervisor:	Phone:	Reason For Leaving:			
Employer 3:	mployer 3:		Work	Work Performed	
Address:		Hourly Rate/Salary Starting:			
Job Title:		Hourly Rate/Salary Final:			
Supervisor:	Phone:	Reason For Leaving:			
TO BE COMPLETED BY APPLICA	NTS FOR PROGRA	M/PHYSICAL EDUCATION POSITION	(Must submit originals up	on hire.)	
NAME OF CERTIFICATION		ORGANIZATION	TYPE	EXPIRATION	
First Aid					
CPR					
WSI					
Life Guarding					
Fitness					
Specify Other Certifications (include	dates).	1			
Number of Child Developments Cred	lits:	School:			
		olication are true. I understand that short former Employer who divulges a discip			
I understand that if I am offered a job at any time at the option of either the enter into any agreement for employr	YMCA or myself. I unent for any specified	ill be an at-will employee and my emplounderstand that no person other than the period of time or to make any agreemed MCA. NOTE: At the time of employmer	e Executive Director of the \ ent contrary to the foregoing	/MCA has any authority t , unless it is in writing an	

_____ Date: _____

Applicant's Signature: ___