

WARREN COUNTY YMCA EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

Township/Borough _____ **(Mandatory)**

Email Address _____

Are you at least 18 years of age and are you less than the mandatory retirement age? _____

If not, give birthdate _____ Are you legally eligible for employment in the USA? _____

Are you related to anyone employed at the YMCA? _____

If so, state name and department _____

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EMPLOYMENT DESIRED

Position _____ Full Time _____ Part Time _____ Summer _____

Related Skills _____

Are you presently employed? _____ When would you be available? _____

Have you ever been employed by the YMCA? _____ Position _____

When? _____ Where? _____

Have you ever had any employment problems involving absenteeism/lateness? _____

If yes, explain _____

Have you ever been accused and/or convicted of a crime? _____

If yes, explain _____

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EDUCATION

What is the highest grade of school completed? 8 9 10 11 12

	Name and Location of School	Years Attended	Date Graduated
High School			
College/Other			
Special Skills or Training			

US ARMED FORCES

Branch _____ Rank _____

Present Membership in National Guard or Reserves? _____

FORMER EMPLOYERS (List below last 4 employers, starting with the most recent)

Date: Month & Year	Name/Address/Phone Of Employer (REQUIRED)	Last Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

PERSONAL REFERENCES (Give names of 4 persons not related to you, whom you have known at least one year)

Name	Address/Phone (REQUIRED)	Business	Years Acquainted

AUTHORIZATION

I authorize investigation of all statements contained in this application. UI understand that misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of date of payment or wages and salary, be terminated at any time without previous notice.

I authorize representatives of the Warren County YMCA to contact verbally or in writing any of the above employers and/or references that I have listed.

I understand that my employment is contingent upon the results of all clearances: Act 33, Act 34, FBI Fingerprint and NSOR (National Sex Offender Registry Verification). Any fees involved will be at my own expense. I understand that I am responsible to update all of my clearances every 5 years.

Signature

Date