



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TUSCARAWAS COUNTY YMCA

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

|                       |                     |
|-----------------------|---------------------|
| Position Applied for: | Date of Application |
|-----------------------|---------------------|

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

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

(Previous address if less than 5 years)

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

Telephone number(s) \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Have you ever filed an application with us before?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to start work? \_\_\_\_\_

I am interested in:  Full Time Employment  Part Time Employment  Seasonal

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of or pleaded guilty to a felony?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to child abuse or other crimes listed in section 5104.09 of the Ohio Revised Code?  Yes  No

If yes, please explain \_\_\_\_\_

*The Tuscarawas County YMCA is committed to helping teach people the values of caring, honesty, respect, and responsibility through participation in programs, activities, and member services and has a zero tolerance standard for abuse or inappropriate behavior by its employees.*

## EDUCATION

|                       | Name & Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|--------------------------|-----------------|-----------------|----------------|
| Elementary School     |                          |                 |                 |                |
| High School           |                          |                 |                 |                |
| College or University |                          |                 |                 |                |
| Graduate Professional |                          |                 |                 |                |
| Other (Specify)       |                          |                 |                 |                |

## OTHER QUALIFYING FACTORS

**CERTIFICATIONS:** (Proof of certifications may be required prior to employment.)

| Type | Date Received | Expiration Date |
|------|---------------|-----------------|
|      |               |                 |

If relevant, please describe word processing, software, and office equipment experience.

Please list any other related skills or training's.

Briefly describe what makes you feel qualified to be selected to fill the position you are applying for.

## MILITARY SERVICE RECORD

Have you served in the United States armed forces?  Yes  No

If yes, what branch \_\_\_\_\_ Rank Attained \_\_\_\_\_

Dates of service from \_\_\_\_\_ to \_\_\_\_\_

What were your duties in the service (include special training and duty station)?

# EMPLOYMENT HISTORY

(Paid and unpaid)

Are you currently employed?

\_\_\_ Yes

\_\_\_ No

Can we contact your present employer?

\_\_\_ Yes

\_\_\_ No

|                  |              |                               |    |
|------------------|--------------|-------------------------------|----|
| Name of Employer |              | Telephone Number ( )          |    |
| Address          |              | Employment Dates (month/year) |    |
| Job Title        |              | From                          | To |
| Supervisor       | Duties       |                               |    |
| Salary (start)   | Salary (end) | Reason for leaving            |    |

|                  |              |                               |    |
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| Supervisor       | Duties       |                               |    |
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|                  |              |                               |    |
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| Job Title        |              | From                          | To |
| Supervisor       | Duties       |                               |    |
| Salary (start)   | Salary (end) | Reason for leaving            |    |

# EMPLOYMENT REFERENCES

(List individuals familiar with your job qualifications and at least one family member.)

|              |                   |
|--------------|-------------------|
| Name         | Daytime Phone ( ) |
| Address      | Evening Phone ( ) |
| Relationship | How long known    |

|              |                   |
|--------------|-------------------|
| Name         | Daytime Phone ( ) |
| Address      | Evening Phone ( ) |
| Relationship | How long known    |

|              |                   |
|--------------|-------------------|
| Name         | Daytime Phone ( ) |
| Address      | Evening Phone ( ) |
| Relationship | How long known    |

**Please read carefully before signing this form.**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be the cause for subsequent dismissal if I am hired. I understand that the Tuscarawas County YMCA has a zero tolerance standard for abuse or inappropriate behavior from its employees.
2. I authorize the Tuscarawas County YMCA to investigate my responses on this application and contact any or all of my present employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I also authorize and give my consent to the release of consumer or investigative reports including criminal background checks to the Tuscarawas County YMCA, (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. Regardless of whether or not I am employed by the Tuscarawas County YMCA, I recognize that this application is not and should not be considered a contract of employment. I understand that employment with the Tuscarawas County YMCA is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Tuscarawas County YMCA's unless specifically provided otherwise. I further understand that no Tuscarawas County YMCA employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than the Executive Director or the Board of Directors and Board of Trustees, and then only by means of a signed written document.
4. All successful applicants are subject to the personnel policies of the Tuscarawas County YMCA.

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_