



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
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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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Address		Employment Dates (month/year)	
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 _____