



Hornell Area Family YMCA  
18 Center Street  
Hornell, NY 14843  
(607) 324-5520  
www.hornellymca.com  
**Employment Application**

**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State ZIP Code*

Telephone: \_\_\_\_\_  
*Home Work Cell*

Position(s) Applying For: \_\_\_\_\_

Check all that apply:

Minimum Salary: \_\_\_\_\_

Full-time  Part-time

Date Available to Start: \_\_\_\_\_

Permanent  Temporary

If part-time, available days/hours: \_\_\_\_\_

<i>Education</i>	<i>Name</i>	<i>City/State</i>	<i>Dates Attended From To</i>	<i>Degree Granted</i>	<i>Date Received</i>
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High School: \_\_\_\_\_

College/University: \_\_\_\_\_

Other (Trade, Technical): \_\_\_\_\_

Certifications (please list any relevant certifications or professional registrations, including: date and state received, license number):

\_\_\_\_\_

Relevant Skills: \_\_\_\_\_

The Hornell Area YMCA will not unlawfully discriminate against any applicant because of race, color, creed, national origin, sex, age, marital status, or disability.

Employment History

Dates from/to	Employer Name and Address	Job Title Supervisor	Major Duties	Salary	Reason for Leaving
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Present Position: \_\_\_\_\_  
 \_\_\_\_\_ May we Contact?  Y  N

Previous Position: \_\_\_\_\_  
 \_\_\_\_\_ May we Contact?  Y  N

Previous Position: \_\_\_\_\_  
 \_\_\_\_\_ May we Contact?  Y  N

References (please list three character, professional, or business references – relatives, please):

Name	Address	Telephone	Position/Occupation, Organization
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you under 18?  No  Yes      If YES, please provide date of birth: \_\_\_\_\_  
 (Verification of age is a regular part of our hiring process.)

Do you have any restrictions that should be considered when considering a job assignment? \_\_\_\_\_

Have you ever had any criminal convictions?  No  Yes      The YMCA reserves the right to conduct a criminal background check.

I understand that any misrepresentation of facts on this form is cause for dismissal. My signature on this application authorizes the YMCA to conduct a criminal background check.

For Office Use Only

Starting Date: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Approval: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Executive Director