



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## EMPLOYMENT APPLICATION

**Thank you for your interest in employment at the Hornell Area Family YMCA.**

The Hornell YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, creed, national origin, sex, age, marital status, disability or any other status protected by law.

Application Instructions:  
This Application must be completed in full. Please write legibly.  
Do not leave spaces blank in response to any question.  
Please be sure to sign the application.

### Personal Information

Position Applying for: \_\_\_\_\_ Application Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

If hired, you will be required to provide verification of your legal right to work in the United States.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_

Street City State Zip

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Are you 18 years of age or older? (If not, you may be required to provide work authorization)  Yes  No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  Yes  No

Have you ever been convicted, pled no contest, or had adjudication withheld? If yes, please provide date, location, charges and the complete explanation of all offenses. (A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstance of the offense).  Yes  No

### Employment Information:

Preferred Job Status:  Full Time  Part Time List Available days and hours: \_\_\_\_\_

Have you previously been employed by this YMCA or any other YMCA?  Yes  No If yes, when and where? \_\_\_\_\_

Have you previously volunteered at this YMCA or any other YMCA?  Yes  No If yes, when and where? \_\_\_\_\_

How did you hear about this position?  Advertisement  YMCA staff referral  YMCA website  YMCA member  
 School  Walk-in  Other

Does your spouse work at this YMCA?  Yes  No

### References Please provide three references (no relatives).

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Education & Training**

|  | Name of School | City, State | Diploma Awarded; Date   | Degree | Major |
|--|----------------|-------------|---|--------|-------|
| <input type="checkbox"/> High School<br><input type="checkbox"/> GED |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No _____ |        |       |
| College/University   |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No _____ |        |       |
| Graduate School  |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No _____ |        |       |
| Vocational/Other   |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No _____ |        |       |

Describe any non employment experience, such as school or volunteer activities that might strengthen your application:

| Certifications (additional education, CPR, etc.) | Type | Provider | Level | License # | Expiration |
|--|------|----------|-------|-----------|------------|
|  |      |          |       |           |            |

**Employment History** **Please list most recent employment first**

| Employer | Address/Telephone | Job Title | Supervisor | Major Duties | Reason for Leaving | May we contact?   |
|----------|-------------------|-----------|------------|--------------|--------------------|---|
|          |                   |           |            |              |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|          |                   |           |            |              |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|          |                   |           |            |              |                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

I authorize both the YMCA and persons listed (reference, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check. I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery. If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA. I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## Employee and Volunteer Background Check Authorization

Please complete all sections of this form. All information collected on this form is confidential.

Name: \_\_\_\_\_  
Last First Middle Maiden

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Present Address: \_\_\_\_\_  
Street City, State Zip Code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
Number State

Have you ever been convicted, or entered a plea of guilty or no contest, to a crime?  Yes  No  
If yes, please provide the nature of the crime, date, and conviction information.  
(A conviction is not necessarily a bar to employment)

I hereby grant the YMCA OF HORNELL NEW YORK permission to conduct a background check, which may include a review of sex offender registries, and child abuse and criminal history records. I understand that employment or volunteering at the YMCA is contingent upon successful completion of this background check.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Guardian Signature if Application is under the age of 18 years of age)

### YMCA USE ONLY

Background check completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach background reports and return to Sara Wood, Associate Executive Director