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 Notes:

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

YMCA of the Palouse EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA of the Palouse!

The YMCA of the Palouse is an equal opportunity employer. Applications for all job openings are welcome and will be considered without regard of race, color, religion, national origin, sex, disability, age or any other status protected by law. It is intent of the YMCA of the Palouse to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. All applicants will be subject to all criminal background check to determine qualification for employment.

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Please attach a cover letter and resume.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

Personal Information

Position Applying For: _____ Date: _____

Date Available: _____

Name: _____ E-mail: _____
 Last First MI

Address: _____
 Street City State ZIP

Telephone: Home ___/___/___ Business ___/___/___ Mobile ___/___/___

Are you 18 years of age or older? (If not, you may be required to provide work authorization.) Yes

No

If hired, can you provide verification of your legal right to work in the United States? Yes

No

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

Yes

No

Gender: Male Female

ETHNICITY INFORMATION:

Please check the ethnic group you most identify with:

- Caucasian/White African American/Black Hispanic/Latino Asian
 Native Hawaiian or other Pacific Islander American Indian or Alaska Native Two or More

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

YMCA OF THE PALOUSE

105 NE Spring Street | Pullman, WA 99163

P 509 332 3524 | www.palouseymca.org



Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full-time Part-time Fall Semester Spring Semester Summer
 (Check all that apply)

Have you previously been employed by this YMCA or any other YMCA? Yes No

If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA? Yes No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA? Yes No

If yes, name(s) and relationship:

How did you hear about this opening?
 Name of referral source:

- YMCA staff referral
- School
- Walk-in
- YMCA website
- YMCA member
- Advertisement
- Other _____

Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

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

--

Safety & Job Specific Certifications

Type (CPR/First Aid, BBP, TB test, FHC, etc.) Provider	Provider	Expiration



Employment History				List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.				
Address		To: ___/___					
Job Title		<u>Starting Hourly Rate/Salary</u>					
Immediate Supervisor and Title		\$ _____ per _____					
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____					
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.				
Address		To: ___/___					
Job Title		<u>Starting Hourly Rate/Salary</u>					
Immediate Supervisor and Title		\$ _____ per _____					
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____					
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Immediate Supervisor and Title		\$ _____ per _____					
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____					

What other work experience, personal experience or training have you had that may have prepared you for this position?

Personal References

Do not list relatives or past employers.

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ / _____
Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ / _____
Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____ / _____ / _____
Alternate #: _____

Application Acknowledgement and Authorization

Please read all statements and initial and sign below:

I understand that this application is only valid for the position applied for at present and that YMCA of the Palouse is not obligated to retain or consider this application for future openings. _____ **Initial**

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts will result in termination from employment or removal of my application from consideration. I authorize the YMCA of the Palouse to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from. _____ **Initial**

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA of the Palouse expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations. _____ **Initial**

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA of the Palouse. I recognize that the results of these tests may be used to determine my employment or continue employment. _____ **Initial**

I have read and understand the content of this application. The information I provided is true and correct to the best of my knowledge. I agree to be bound by terms and conditions stated in this application. I agree to be bound by the terms and conditions stated in this application. I understand that, except as noted above, no person who is either an agent or employee of the YMCA of the Palouse may modify, delete, or contradict, whether orally or in writing, the terms and conditions set forth herein.

Signature: _____ Date: _____

