



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

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

If you would like to apply to join our team please complete this application.

- Be sure to write legibly
- The application must be completed in full. Do not leave spaces blank.
- Read and sign the last page of the application.

All Applications Must be Returned to our HR Department:

Hand Deliver: DMS Member Services Desk · 600 East Main Street

Email: jbarrett@prattvilleyymca.org

Personal Information

Name: Last _____ First _____ MI _____

Address: Street _____ City _____ State _____ Zip _____

Telephone: Home: (____) _____ Mobile: (____) _____ DOB: _____

Email Address: _____ SSN: _____

How long at current address: _____ Driver's License: State Issued _____ Number: _____

Please list any additional addresses in the past five years:

Employment Information

Position Applying For: _____

What interests you about the position for which you are currently applying?

What has prepared you for the position for which you are currently applying?

Have you previously been employed by this YMCA or any other YMCA? YES NO
If yes, when? At which location? _____

Have you previously volunteered at this YMCA or other YMCA? YES NO
If yes, when? At which locations? _____

Employment History and Personal References

Check this box if no previous employment.

Dates of Employment (Start with most recent)	Company Name and City and State	Supervisor Name and Phone Number	Position Held	Reason for Leaving Position
Personal Reference	Phone Number	Relationship to Applicant	Years Known	

Education & Training

Educational Background

Name of School	City, State	Type of School	Name of Program or Degree	Diploma Awarded

Are you currently enrolled in school? Yes No

If yes, please list the name of the school _____

Safety & Job Specific Certifications (CPR, AED, Lifeguard, USAG, USA Swimming, CDL, YMCA, etc)

Type	Provider	Level	Expiration

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

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 for 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.

Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our members and program participants is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please initial each of the statements below.

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand that I will be required to provide 2 references for employment. I authorize both the YMCA and the references to communicate with regard to relevant information that may be required to reach an employment decision. I agree to hold such persons harmless to respect to any information they supply.

_____ I understand and agree that any offer of employment is contingent upon successful completion of all background checks, national sex offender registry checks, a child abuse and neglect registry clearance, and a drug screening.

_____ 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

My signature indicates that I have read, initialed, and understand the above statements.

Applicant Signature: _____ **Date:** _____