



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

## **SCOTTSBLUFF FAMILY YMCA EMPLOYMENT APPLICATION**

**Thank you for your interest in the YMCA!**

**The SCOTTSBLUFF 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, religion, national origin, sex, disability, age or any other status protected by law.**

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

- Be sure to write legibly
- The application must be completed in full.
- 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: \_\_\_\_\_

YMCA Location: \_\_\_\_\_ 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**

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 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**

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

Allegations or suspicions of child abuse are taken very seriously at the SCOTTSBLUFF FAMILY 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.



**Employment Application**

<b>Employment History</b> <b>List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.</b>			
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 _____	
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 _____	
Please explain any gaps in your employment history.			
What other business experience, personal experience or training have you had that may have prepared you for this position?			

**Personal References**

**List past employers and one relative**

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

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

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

**Application Acknowledgement and Authorization**

**Please read all statements and sign below:**

I authorize both the SCOTTSBLUFF FAMILY YMCA and persons listed (references, 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 and agree 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 SCOTTSBLUFF FAMILY 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 SCOTTSBLUFF FAMILY 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 SCOTTSBLUFF FAMILY YMCA or myself. I understand that, other than the CEO of the SCOTTSBLUFF FAMILY YMCA, no manager, supervisor or representative of the SCOTTSBLUFF FAMILY YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the SCOTTSBLUFF FAMILY YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the SCOTTSBLUFF FAMILY 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 SCOTTSBLUFF FAMILY YMCA is not obligated to retain or consider this application for future openings. If hired, I agree to abide by SCOTTSBLUFF FAMILY YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*RELEASE OF INFORMATION FORM*

Before being accepted as an employee of the YMCA, we are required to run a criminal record check to confirm that there have been no substantiated referrals of child maltreatment or any criminal activity. To do so, we need your authorization.

I have received a copy of the Summary of your Rights Under the Fair Credit Reporting Act and authorize the ADP Screening service to release information on any criminal activity pertaining to me to the YMCA.

Your employment is contingent on receiving an acceptable report from ADP Screening service.

Please be sure that the information is legible and complete all information on this form is required.

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(Print First Name, Full Middle, Last Name)

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(Date of Birth)

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(Social Security Number)

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(Address)

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(City) (State) (Zip)

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(Signature) (Date)