



## Carlisle Family YMCA Employment Application

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### Personal Information:

<b>Name:</b> First	Middle	Last	<b>Soc Sec #:</b>
<b>Address:</b>			<b>D.O.B.:</b>
<b>Cell Phone:</b>		<b>Email:</b>	
<b>Are you 18 or Older?</b>		<b>Referred By:</b>	

### Employment Desired:

<b>Department:</b>	<b>Position:</b>
<b>Ever Applied to this YMCA?</b>	<b>If so, when?</b>
<b>Have you ever worked at a YMCA?</b>	<b>If so, were you enrolled in the Y retirement Plan?</b>

### Education:

<b>High School:</b>	<b>Grade Completed:</b>	<b>Did you graduate?</b>
<b>College:</b>	<b>Grade Completed:</b>	<b>Did you graduate?</b>
<b>Trade School:</b>	<b>Grade Completed:</b>	<b>Did you graduate?</b>
<b>Subjects Studied or Degrees Received:</b>		

### General:

<b>Subjects of Special Study or Research Work:</b>
<b>Job Related Skills (Typing, Driving License, etc.):</b>
<b>Have you ever been convicted of a felony or misdemeanor?</b>

### Complete if applying to work with youth:

<b>Why do you want to work with Youth?</b>
<b>Is there a specific age or population you prefer to work with?</b>
<b>Other than through employment, how else are you involved with youth?</b>

**Former Employers:** Please list your last three employers, starting with the most recent.

Company Name	Contact (email or phone)	Position	Reason for leaving

**References:** List three persons, one that is related to you or a close friend, and whom you have known at least one year. One that is a professional reference and a third of your choice.

Name	Email Address	Phone	Relationship

**Volunteer History:** Please list your last three volunteer positions, starting with the most recent (if applicable).

Organization	Contact Name	Position	Date of Service

## STATEMENT OF APPLICANT

In the Carlisle Family YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA an extensive inquiry will be made concerning my prior employment, activities, character and health and I fully consent to and authorize all such inquiries.

In the event of my employment by the Carlisle Family YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand that my continued employment is contingent upon a physician's statement showing me to be in good health and a clean criminal history background check.

The Carlisle Family YMCA collects personal information such as Social Security numbers solely for the purpose of verifying identity and conducting required criminal history and child abuse background checks as part of the employment or volunteer screening process, in accordance with federal and Pennsylvania law. Identifying information is entered into the YMCA's authorized third-party background screening provider to complete required screening clearances. All employment or volunteer applications are stored securely on YMCA systems with restricted access and are retained only as required for employment, volunteer, and record-retention purposes. Social Security numbers are not used for any other purpose. I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or, after employment, may be cause for termination of employment with the YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting, or inviting children to my home.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application by typing my name, initials, and today's date below.

**Print Name:** \_\_\_\_\_

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

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If under 18)

## AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

The Carlisle Family YMCA collects personal information such as Social Security numbers solely for the purpose of verifying identity and conducting required criminal history and child abuse background checks as part of the employment or volunteer screening process, in accordance with federal and Pennsylvania law. Identifying information is entered into the YMCA's authorized third-party background screening provider to complete required screening clearances. All employment or volunteer applications are stored securely on YMCA systems with restricted access and are retained only as required for employment, volunteer, and record-retention purposes. Social Security numbers are not used for any other purpose.

I understand and agree that nothing contained in this application, or conveyed during the interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or the Company. No promise regarding employment has been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examination doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by the law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

By typing your name, and initials along with today's date below you agree to the terms and conditions of the Carlisle Family YMCA employment application authorization agreement stated above.

**Print Name:** \_\_\_\_\_

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

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If under 18)