



**HARRISBURG
AREA YMCA**

123 FORSTER ST.
@HARRISBURG, PA 17102-3409

**AN EQUAL OPPORTUNITY
EMPLOYER**

**APPLICATION
FOR
EMPLOYMENT**
**MANDATORY
DRUG TESTING**

It is the policy of the Harrisburg Area YMCA to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, national origin, sex, age, mental or physical disability.

PRINT NAME (last, first, middle)		
ADDRESS (street, city, state, zip)		
		DATE

TELEPHONE NUMBERS HOME: () WORK: ()	SOCIAL SECURITY NUMBER
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COMPLETE ALL THAT APPLY:

Is your age under 18? YES NO

Citizen of USA? YES NO

If you are not a US citizen, do you have a valid work permit? YES NO

If yes, please state the registration number: _____

Were you ever employed by the YMCA? YES NO

If so, where? _____ when? _____

Do you have relatives or friends employed by this YMCA? YES NO

If so, please give names: _____

If you are applying for a specific position, are there any accommodations you require to perform the essential functions of the position? YES NO If yes, please explain on the Application Supplement Form.

JOB INTEREST	POSITION DESIRED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER	SALARY EXPECTED \$ _____ per: _____
	OTHER POSITIONS OR AREAS FOR WHICH YOU ARE QUALIFIED		BRANCH OF THE YMCA
	DATE AVAILABLE		

EDUCATION	Circle highest grade completed in each category:	HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4	GRADUATE SCHOOL 1 2 3 4	OTHER TRAINING OR SKILLS (office machines operated, special courses, etc.): Typing: <input type="checkbox"/> YES <input type="checkbox"/> NO Speed: _____ Shorthand: <input type="checkbox"/> YES <input type="checkbox"/> NO Speed: _____ Word Processor: <input type="checkbox"/> YES <input type="checkbox"/> NO Model: _____ Personal Computer: <input type="checkbox"/> YES <input type="checkbox"/> NO Model: _____ OTHER: _____
	NAME	LOCATION	COURSES/DEGREES		
	HIGH SCHOOL				
	COLLEGE		DEGREE	GPA	
	GRADUATE SCHOOL				
APPRENTICE BUSINESS OR VOCATIONAL SCHOOL				DEGREE	GPA

MILITARY	BRANCH OF SERVICE	TYPE OF DISCHARGE (If you received other than an honorable discharge, please state reasons. A less than honorable discharge does not constitute an automatic bar to employment.)
	DATE ENTERED	
	DATE DISCHARGED	SERVICE SCHOOLS OR SPECIAL EXPERIENCE
	RANK	

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? YES NO IF YES, EXPLAIN FULLY:

* Do not list information concerning conviction for a misdemeanor which occurred more than five years ago, unless you were imprisoned for that offense or have been convicted of a misdemeanor or felony offense within the past five years. THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

NAME (last) (first) (middle) Driver's License #/State (job required)

EMPLOYMENT HISTORY: Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. ALSO INCLUDE RELEVANT VOLUNTARY AND/OR PART-TIME WORK EXPERIENCE. Use additional sheet if necessary. Include a resume if you have one available.

Date	Name, Address, & Phone Number of Employer	1. Job Title 2. Department 3. Name of Supervisor	Describe Major Duties	Wages	Reasons for Leaving
FROM (month/year) TO (month/year)		1. 2. 3.		STARTING: \$ _____ per _____ FINAL: \$ _____ per _____	
FROM (month/year) TO (month/year)		1. 2. 3.		STARTING: \$ _____ per _____ FINAL: \$ _____ per _____	
FROM (month/year) TO (month/year)		1. 2. 3.		STARTING: \$ _____ per _____ FINAL: \$ _____ per _____	

REFERENCES

(Do not list relatives or former employers)

1. Name _____
 Address _____
 Occupation _____
 Phone # _____

2. Name _____
 Address _____
 Occupation _____
 Phone # _____

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and correct to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and all statements contained in this application and agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. In the event that an offer of employment is extended, I authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired.

If any employment relationship is established, I understand my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment.

I understand that, according to federal law, all individuals hired must, as a condition of employment, produce certain documentation to verify either identity and US citizenship or, if aliens, their

legal authorization to work in the US. Anyone under the age of 18 must produce work papers. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

I understand and agree that statements which may be contained in policies, practices, handbooks and other Company related material do not create any guarantee of employment. Any promise to the contrary will only be relied upon by me if they are in writing and signed by an authorized YMCA officer.

I understand that the YMCA has the right to modify, amend or terminate policies, practices, benefit plans and other YMCA programs within the limits and requirements imposed by law.

If employed by the YMCA, I agree that as long as I work for the YMCA and for a term of five years after my employment ends, I will not directly or indirectly use, give or disclose to anyone confidential or proprietary information. Nor will I use my YMCA learned skills in a competitive manner during or after my employment with the Harrisburg Area YMCA or any of its branches.

Signature _____ Date _____