

Owen County Family YMCA

Employment Application

1111 West State HWY. 46, Spencer, Indiana 47460

812-829-9622

Name: _____ Date: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position you are applying for: _____ D.O.B.: _____

When can you start work? _____

Can you work evening and weekend hours? _____

Current certifications: _____

Education

High School: _____ Years Attended: _____ Date Graduated: _____

College: _____ Years Attended: _____ Date Graduated: _____

Employment – Begin with the most recent employer

<u>Date/Month/Year</u>	<u>Name & Address of Employer</u>	<u>Salary</u>	<u>Reason for Leaving</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact the employers listed above? Y N

References – List the names of three persons, not related to you, whom you have known for at least one year

<u>Name</u>	<u>Address & Phone</u>	<u>Occupation</u>	<u>Year's Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact the persons listed as your personal references? Y N

The Owen County Family YMCA is an equal opportunity employer. The YMCA selects the best matched individual based on the job related qualifications, regardless of race, creed, color, sex, national origin, age, handicap, or other protected groups under State, Federal and Equal Opportunity Laws.

Please read, sign and return:

1. If I am offered and accept employment with the Owen County Family YMCA, my employment is considered at will, and is for no definite period of time, and may be terminated with or without cause. I further understand that this application is for employment and is not a contract of employment.
2. Any misrepresentation or deliberate omission on the application may be justification for refusal of, or termination of employment. The YMCA will be conduct a criminal history check on any application for employment.
3. The YMCA will make a thorough investigation of work history and verification of all date listed on your application which will include a criminal history check. I authorize this investigation and I release any persons, corporations or other institutions for giving or receiving additional information.

Signature: _____

Printed name: _____

Date: _____