



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION

Date ____/____/____

NAME: Please PRINT or TYPE		E-mail	
ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at present address?	Home Phone Cell Phone
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code			Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you over 18? If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)			

EMPLOYMENT DESIRED

Days/Hours Available to Work	Date Available to Start	Salary Desired
What type of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the YMCA? <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Walk-In <input type="checkbox"/> Other Date _____ Name of Employee _____		

(check appropriate boxes below)

Administrative <input type="checkbox"/> Building Supervisor <input type="checkbox"/> Member Service <input type="checkbox"/> Professional Aquatics <input type="checkbox"/> Lifeguard <input type="checkbox"/> Swim Instructor <input type="checkbox"/> Water Fitness Instructor Health & Wellness <input type="checkbox"/> Group Exercise Instructor <input type="checkbox"/> Personal Trainer	Youth & Family <input type="checkbox"/> After School Care Counselor <input type="checkbox"/> Babysitting <input type="checkbox"/> Day Camp Counselor <input type="checkbox"/> Gymnastics Instructor <input type="checkbox"/> Rec Room Attendant <input type="checkbox"/> Sports Official <input type="checkbox"/> Tutor Facilities & Grounds <input type="checkbox"/> Janitorial <input type="checkbox"/> Maintenance	Senior Center <input type="checkbox"/> Adult Day Service Aide <input type="checkbox"/> Adult Day Service Nurse <input type="checkbox"/> Cook <input type="checkbox"/> Receptionist VanGo <input type="checkbox"/> Dispatcher <input type="checkbox"/> Van Driver
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YMCA OF VINCENNES

2010 College Avenue, Vincennes IN 47591 P 812.895.9622 F 812.882.3947 W vincennesymca.org 1

EDUCATION AND TRAINING

School Name & Location	Years Attended From To	Graduate (Yes/No)	Degree	Major Subject/ Total Hours
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
Skills/Qualifications/Certifications:				

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT HISTORY

LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				
Company Name		Dates of Employment		Reason for Leaving
Address		Telephone		Supervisor
Job Title	Salary/Hourly Rate	Responsibilities		
Company Name		Dates of Employment		Reason for Leaving
Address		Telephone		Supervisor
Job Title	Salary/Hourly Rate	Responsibilities		
Company Name		Dates of Employment		Reason for Leaving
Address		Telephone		Supervisor
Job Title	Salary/Hourly Rate	Responsibilities		

REFERENCES : PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Relationship	Phone

YMCA OF VINCENNES