



Olean Branch: 1101 Wayne St. Olean, NY 14760
Bradford Branch: 59 Boylston St. Bradford, PA 16701
Wellsville Branch: 133 Bolivar Road Wellsville, NY 14895

Date

PRINT

Name

Last First Middle Initial

Present Address

Street City State Zip

Permanent Address

Street City State Zip

Home Phone: Cell: Email:

Are you 18 years of age or older? [] Yes [] No

If not, state your age DOB Do you have the required working papers? [] Yes [] No

Can you, after employment, submit verification of your legal right to work in the United States? [] Yes [] No

You may be asked to submit to pre-employment drug and alcohol screening.

Will you agree? yes no

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? [] Yes [] No

If yes, list dates and convictions:

Are you currently listed on any state sex offender registry levels 1, 2, or 3? [] Yes [] No

EMPLOYMENT DESIRED Olean Branch Bradford Branch Wellsville

Child Care, infant/preschool Child Care, school age Aquatics Youth Sports
Membership/Office Fitness Instructor Wellness Ctr. Teens
Gymnastics Maintenance Other

Are you employed now? If so, may we contact your present employer?

Date available to start

HOURS AVAILABLE TO WORK

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred # of hours to work each week Are you willing to work at an off-site location?

EDUCATION Name of School Location of School Years Attended Subjects Studied or Degree(s) obtained

High School

College

Trade, Business or Correspondence School

U.S. Military Service Rank

The YMCA is an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, disability, marital status, or arrest record. As an employer, we will try to reasonably accommodate employees with religious beliefs.



REFERENCES: Below, give the names of two persons NOT related to you, 18 years or older whom you have known at least one year. Your third reference should be a family member 18 years or older.

Name	Address	Yrs. Known	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Family Member – relationship _____			
3. _____	_____	_____	_____
4. Additional reference for licensed child care positions			
_____	_____	_____	_____

Former Employers: List last three employers, starting with the last one first.

Date/Mo/Year	Name, Address, Phone of Employer	Salary	Position	Reason for Leaving
From/To _____	_____	_____	_____	_____
Job Duties: _____				
From/To _____	_____	_____	_____	_____
Job Duties: _____				
From/To _____	_____	_____	_____	_____
Job Duties: _____				

Were you ever employed by the YMCA? [] Yes [] No If yes, in what position? _____
Association/Branch Name _____ Yrs. of Employment _____

Applicant’s Statement - Read the following statements carefully before signing.

- The information in this application for employment is true. I understand that if any statement or response, on the application form, during the interview, or at any time during the hiring process, is found to be false or misleading, consideration of the applicant will be discontinued. This will result in employment denial in the case of an applicant and possible dismissal of a current employee.
- I understand I must be cleared through a Criminal Background Check and Child Abuse History Clearance before I can be offered a position at the YMCA of the Twin Tiers.
- I understand the representatives of the YMCA and its agents may conduct a background investigation on me, and may contact my former employers, references and other third parties to obtain additional information related to employment. I hereby request, release, and consent to the release and disclosure of such information.
- I understand that my initial employment may be contingent upon receipt of a current physical examination made of me by a licensed physician. I understand that I am responsible for any costs incurred for this examination.

I hereby acknowledge that I have read and understood the above statements, and that I voluntarily sign this application.

Date _____ Signature _____