



Employment Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you under 18 years old? Yes No If yes, can you provide a work permit? Yes No

Do you have a legal right to remain and work in the United States? Yes No

Proof of identity and authorization is required upon employment

Have you previously been employed by the YMCA of Greater Michiana? Yes No

If yes, provide the dates and department(s): _____

Have you ever been convicted of a crime, other than minor traffic violations? Yes No

If yes, please explain: _____

Do you give permission for a criminal record check? Yes No

A criminal record check is required prior to employment

What position are you applying to –or– what kind of work are you best qualified to perform?

Full Time Part Time Seasonal (_____) Temporary (Until _____)

Days/Hours available to work: _____

Earliest date available to work: _____ Desired salary: _____

Please indicate any special job-related training/certifications you have:

First Aid CPR WSI/YSI Lifeguarding Other: _____

Expiration dates: _____

PHOTO RELEASE: I hereby grant permission for photographs and videos taken during Y initiatives, classes, and programs to be used for the YMCA of Greater Michiana advertising or promotional efforts.

Photo Release Signature _____ Date _____

**If permission is not granted, please put this in writing and return to human resources.*

The law requires us to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled applicants and employees may request an accommodation of their disability by notifying the YMCA of Greater Michiana in writing within 182 days of the date of hire. Failure to properly notify the YMCA of Greater Michiana will preclude any claim that the employer failed to accommodate the disability.

Education

School	Name	Dates	City, State	Major Courses	Graduate?
High School					
College					
College					
Other					

Job Experience (Enter most recent job first)

Name of Company	Responsibilities	Dates	Reason for Leaving

References (Please do not include relatives)

Name	Phone Number	Relationship

I hereby certify that to the best of my knowledge and belief this a correct and complete statement of the information requested. I understand that should any statement be false, termination of my employment with the YMCA of Greater Michiana may result. I hereby waive written notice from any former employer who divulges a disciplinary report, letter of reprimand, or other disciplinary action to the YMCA of Greater Michiana.

I understand that if I am offered a job with the YMCA of Greater Michiana, I will be an at-will employee and my employment could be terminated with or without just cause at any time at the option of either the YMCA or myself. I understand that no person other than the CEO of the YMCA has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by both myself and the CEO.

Signature _____ Date _____



Authorization of Consumer Reports

Notice and Authorization Concerning Consumer and Investigative Consumer Reports

This form, which you should read carefully, has been provided to you because the YMCA of Greater Michiana may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA of Greater Michiana, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA of Greater Michiana are filed with any third parties, the YMCA of Greater Michiana may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA of Greater Michiana at the time such claims or disputes arise. All employees and volunteers are required to report any criminal conviction they are aware of to the YMCA of Greater Michiana as well.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. **Please understand that information obtained from such checks may be used in decisions regarding your employment at the YMCA of Greater Michiana.**

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA of Greater Michiana (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA of Greater Michiana by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA of Greater Michiana and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA of Greater Michiana, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA of Greater Michiana.

Employee Name _____

Other names used _____

Email Address _____

Social Security # _____ Date of Birth _____

Signature _____ Date _____

Would you like a copy of "A Summary of Your Rights Under The Fair Credit Reporting Act"? Yes No