



Sidney-Shelby County YMCA

300 E. Parkwood St.
Sidney, OH 45365
937-492-9134

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

APPLICATION FOR EMPLOYMENT

Your Personal Information

Today's Date: _____

Name: _____ SSN: _____

Present address: _____
Street City State Zip

How long have you lived at this address? _____

Previous Address: _____
Street City State Zip

Phone Number (Home): _____ Email: _____

Phone Number (Cell): _____

Are you 18 Years old or older? (Yes or No - Do not write your age): _____

Are you legally employable in the United States at the present time? (Yes or No): _____

Have you ever been convicted of a crime? This includes felony, misdemeanor, or traffic violations (Yes or No): _____

If Yes, give details: (note: answering yes does not necessarily bar you from employment): _____

Employment Desired

Position you are applying for (please be specific. Do not put "any"): _____

Date you can start: _____ Salary desired: _____

Are you employed now? _____ If yes, may we inquire of your present employer? _____

How did you learn of this position? _____

Do you know any current YMCA employees? (If yes, please list): _____

Your Education

	Name and Location of School	# of years attended	Did you graduate? (Yes/No)	Subject(s) Studied
Elementary				
High School				
College				
Other				

Former Employers (List your last three employers, starting with the most recent first):

Employment Dates	Employer #1 Name and Address	Phone #	Position	Reason for Leaving
From				
To				

Employment Dates	Employer #2 Name and Address	Phone #	Position	Reason for Leaving
From				
To				

Employment Dates	Employer #3 Name and Address	Phone #	Position	Reason for Leaving
From				
To				

References (Give the names of 3 persons, not related to you, whom you have known for at least 1 year):

Name	Address	Phone #	How do you know each other?

I certify that all information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the rules and regulations of the Sidney-Shelby County YMCA. I agree that my employment and compensation can be terminated, with or without just cause, and with or without notice, at any time, at the option of the organization or myself. This is not a contract of employment. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I authorize the Sidney-Shelby County YMCA to investigate all statements contained in this application and to secure information about my experience and performance from former employers, educational institutions, government agencies, or any references I have provided. In addition, I hereby release all parties from any liability arising from this investigation.

Signature: _____ Date: _____