



Monroe County YMCA

P.O. Box 2598 / Bloomington, IN 47402 / (812) 332-5555

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Front Desk,
please give completed
applications to the
Administrative Office.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE (if under 17 years of age): month/day/year: ____/____/____

POSITION APPLYING FOR: _____ AVAILABLE START DATE: _____

I am applying to work at the NW Branch I am applying to work at the SE Branch I would like to work at either branch (no preference)

Please indicate the hours you are available to work. The YMCA operates seven days a week with hours of operation changing per season and facility. Please check the website for branch hours.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

List current certifications: _____

EDUCATION

Education	Name & Location of School	Years Attended	Date Graduated	Degree/Major
High School				
College				
Graduate				

EMPLOYMENT - Begin with most recent employment

Date/Month/Year	Name/Address/Phone of Employer	Supervisor	Salary	Position	Reason for Leaving

May we contact the employers listed above? Yes _____ No _____

Have you ever been employed at this YMCA? _____ If so, please share the circumstances behind your departure.

REFERENCES – List the names of 2 persons not related to you, whom you have known for at least 1 year and one member of your immediate family.

	Name	Address & Phone	Occupation	Years Known
Ref. #1				
Ref. #2				
Immediate Family Member				

Do you hold a Driver's License? _____ Are you a U.S. Citizen? _____ If not, type of Visa: _____

Have you ever been convicted of a crime: Yes _____ No _____ If yes, please explain circumstances: _____

1) Date of conviction: ___/___/___ 2) Name & location of court _____

3) Offense _____ 4) Sentence & fine imposed _____

What is your impression of the Mission of the Monroe County YMCA Family Fitness Center --"What do we do?": _____

The Monroe County YMCA is an equal opportunity employer. The YMCA selects the best matched individual based on job related qualifications, regardless of race, creed, color, sex, national origin, age, handicap, or other protected groups under state, federal, or equal opportunity laws.

Applicants Identifying Themselves as Handicapped:

The Monroe County YMCA would like to provide this opportunity for you to inform us whether you have a handicap or a physical condition which may limit your ability to perform the position(s) for which you apply.

If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your handicap? _____

I understand and agree that:

1. If I am offered and accept employment with the company, my employment is considered at-will, is for no definite period of time, and may be terminated with or without cause. I further understand that this application for employment is not a contract of employment.
2. Any misrepresentation or deliberate omission on this application may be justification for refusal of or termination of employment. The YMCA may choose to do a criminal history check on any applicant or employee.
3. The YMCA will make a thorough investigation of work history and verification of all data. I authorize this investigation and I release any persons, corporations or other institutions for giving or receiving additional information.
4. I have read and understand the above.

Signature

Date