



YMCA of Greater Michiana
Benton Harbor-St. Joseph • Niles-Buchanan • South Bend-Mishawaka • Camp Eberhart

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: _____

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 ____/____/____