



Miami County YMCA Employment Application

PERSONAL

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Position Applied for/Desired: _____ Expected Pay: _____

Full-time: Part-time: Temporary:

What days can you work? (Circle all that apply): Mon., Tues, Wed, Thur., Fri., Sat., Sun.

What hours can you work? _____

When will you be able to start? _____

EDUCATION

School	Name/Location	Course of Study	Did you graduate?
College	_____	_____	_____
High School	_____	_____	_____
Jr. High School	_____	_____	_____
Elementary	_____	_____	_____
Other	_____	_____	_____

MILITARY

Branch of Service _____

Period of Active Duty from _____ to _____

Describe duties and special training: _____

EMPLOYMENT HISTORY

1. **Company Name:** _____ **Phone:** _____

Address: _____

Job Title: _____ Employed from ____ / ____ / ____ to ____ / ____ / ____

Name of Supervisor: _____

Pay rate (start): _____ Pay rate (last): _____

Reason for Leaving: _____

2. **Company Name:** _____ **Phone:** _____

Address: _____

Job Title: _____ Employed from ____ / ____ / ____ to ____ / ____ / ____

Name of Supervisor: _____

Pay rate (start): _____ Pay rate (last): _____

Reason for Leaving: _____

3. **Company Name:** _____ **Phone:** _____

Address: _____

Job Title: _____ Employed from ____ / ____ / ____ to ____ / ____ / ____

Name of Supervisor: _____

Pay rate (start): _____ Pay rate (last): _____

Reason for Leaving: _____

4. **Company Name:** _____ **Phone:** _____

Address: _____

Job Title: _____ Employed from ____ / ____ / ____ to ____ / ____ / ____

Name of Supervisor: _____

Pay rate (start): _____ Pay rate (last): _____

Reason for Leaving: _____

REFERENCES:

Please provide the names, addresses and phone numbers (home and work) for three business references.

These references should be individuals who have relied upon you in a job capacity and who have had the opportunity to evaluate your work related skills. If you are unable to provide three business references, provide the names of persons who have seen you as a member or leader of a group or organization and can give information regarding your qualifications.

Specify the business or organizational relationship between you and the reference.

1. Name: _____

Business Name: _____

Position: _____

Address: _____

Work Phone: _____ Home Phone: _____

2. Name: _____

Business Name: _____

Position: _____

Address: _____

Work Phone: _____ Home Phone: _____

3. Name: _____

Business Name: _____

Position: _____

Address: _____

Work Phone: _____ Home Phone: _____

As an applicant for employment with the Miami County YMCA, I understand the following:

All information (including information on accompanying resume) is subject to verification.

Any misrepresentation or falsification of information or significant omissions will be caused for rejection of my application or for subsequent discipline up to and including my dismissal for employment if discovered at a later date. If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulations of the company.

My employment is not guaranteed for any term, and my employment may be terminated by the Company or myself at any time for any reason. No management official is authorized to make any oral assurance or promise of continued employment.

I authorize and consent to my current and prior employers, educational institutions, and persons or organizations named in this application (or accompanying resume) to release any information to the Miami County YMCA that may be required to make an employment decision.

Signature: _____ Date: _____

