



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mansfield YMCA

EQUAL OPPORTUNITY EMPLOYER

This application will remain active for 30 days.

Check one: Employment Application Volunteer Application*

PERSONAL INFORMATION

POSITION OF INTEREST:		DATE:	
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE: ()	EMAIL:		

Have you ever been employed at any branch of the Mansfield YMCA? No Yes - Fill in below.

DATES:	BRANCH:	POSITION(S):
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Are you legally eligible for employment in the USA? No Yes - Verificiation will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? No Yes

Expected hourly rate or annual salary? (For Employment Only)	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
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Have you ever been convicted of a misdemeanor involving theft, misrepresentation or moral turpitude (domestic violence, assault, battery, child abuse, etc.) or of any felony? Conviction of a crime will not be an absolute bar to employment or volunteering. No Yes - Please provide information request below.

DATE	PLACE OF CONVICTION	TYPE OF CRIME AND CONVICTION

AVAILABILITY

On what date will you be available to begin employment or volunteer?	
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Please indicate below when you are available to work or volunteer.

MONDAY AM PM
 TUESDAY AM PM
 WEDNESDAY AM PM
 SUNDAY AM PM
 THURSDAY AM PM
 FRIDAY AM PM
 SATURDAY AM PM

EDUCATIONAL BACKGROUND

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE
HIGH SCHOOL					
COLLEGE					
OTHER (SPECIFY)					

Personal Registration, Trade License, Certifications or Accreditations:

TYPE	DATES	REGISTRATION NUMBER	STATE

Summarize any additional information necessary to describe your full qualifications:

EMPLOYMENT BACKGROUND (List positions in chronological order starting with the most current or most recent position)

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE: ()	NAME & TITLE OF IMMEDIATE SUPERVISOR:		
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:	
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:	

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE: ()	NAME & TITLE OF IMMEDIATE SUPERVISOR:		
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:	
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:	

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE: ()	NAME & TITLE OF IMMEDIATE SUPERVISOR:		
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:	
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:	

I hereby give permission to contact the employers marked above concerning my prior work experience.

SIGNATURE:

PERSONAL REFERENCES (Not former employers or relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER	YEARS KNOWN

IMPORTANT! PLEASE READ BEFORE SIGNING

My signature constitutes my certification that my responses are true and complete and that I have read and understand this paragraph. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the Mansfield YMCA to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies, my prior employers and/or personal references to provide such information to the Mansfield YMCA, and I release them from liability for doing so.

A copy of this form shall serve as my authorization to release information and records. I hereby consent to undergo such drug screenings and post-offer medical examinations as the Mansfield YMCA may require (which may include obtaining body tissue or fluid samples and analysis of them). I understand and agree that any falsification or omission either on this form or in my response to questions asked during the interviewing or examination process or on employment forms I may subsequently complete, including "I-9" forms, may result in immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both myself and the President of the Mansfield YMCA.

*I also understand that if I volunteer for the Mansfield YMCA and have unsupervised access to children, I may be required to provide a set of fingerprints and a criminal records check as required by the State of Ohio., Am.Sub.SB 187.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

If applicant was previously employed at the Mansfield YMCA, are they eligible for rehire? No Yes

VERIFIED BY: _____

DATE: _____