



**BENTON HARBOR-ST. JOSEPH
YMCA FAMILY CENTER**
3665 Hollywood Road, St. Joseph, MI 49085
269-428-9622

OFFICE USE ONLY			
Name	Date	Name	Date
Fitness	___	Mike	___
Youth	___	Office	___
Maint	___	Child	___
Aquatic	___	Office File	___
Desk	___		

EMPLOYMENT APPLICATION

MISSION STATEMENT: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Name _____ Today's Date _____

Address _____
Street City State Zip

Social Security Number _____ Phone Number _____

Under 18 years old Yes No If under 18, can you furnish a work permit? _____

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 Benton Harbor/St. Joseph YMCA? Yes No
If yes, give dates and which department _____

Have you ever been convicted of a crime (other than minor traffic violations)? Yes No

If yes, explain _____

Are there any felony charges pending against you? Yes No

If yes, explain _____

A criminal record check may be required prior to employment.

Do you give permission for a record search? Yes No

Kind of work you are best qualified to perform _____

Full time Part time Temporary (Until) _____ Earliest date available for employment _____

What age level do you prefer to work with _____ Day and hours available to work: _____

Salary desired _____

Please indicate any special job related training/courses you have had or any related certification you hold.
(Must submit originals at time of hire)

✓	Certification	Expiration Date	✓	Certification	Expiration Date
	First Aid			Life Guarding	
	CPR			Other:	
	WSI/YSI			Other:	

Michigan Law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability by notifying the YMCA in writing of the need for accommodation within 182 days of the date the disabled applicant/employee knows or should know that an accommodation is needed. Failure to properly notify the YMCA will preclude any claim that the employer failed to accommodate the disabled applicant/employee.

EDUCATION:

School	Dates From	To	Name of School	City	Major Courses	Did you Graduate?
High School						
College						
College						
Other						

JOB EXPERIENCE: (Enter most recent job first)

Name and Address of Company	Date From	To	List Your Duties	Reason for Leaving

REFERENCES: (Do not include relatives)

Name	Address & Phone Number	Occupation

Additional Comments: _____

I hereby certify that to the best of my knowledge and belief this is a correct and complete statement of the information requested. I understand that should any statement be false, termination of my employment with the Benton Harbor/St. Joseph YMCA 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 Benton Harbor/St. Joseph YMCA.

I understand that if I am offered a job with the YMCA, 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 Executive Director 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 Executive Director of the YMCA.

TODAY'S DATE _____

APPLICANT'S SIGNATURE _____