



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA of Greater Erie  
APPLICATION FOR EMPLOYMENT**

Prospective employees will receive consideration without discrimination because of race, color, sex, age, gender/gender identity, religion, national origin, ancestry, marital status, handicap, or veteran status.

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Date</b>
<b>Street Address</b>			<b>Home Telephone</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Email</b>
<b>Work Telephone</b>			
<b>Have you ever applied for employment with us?</b>			
<b>Yes or No</b>	<b>If yes: Mo/Yr</b>	<b>Location:</b>	
<b>Position Desired</b>			<b>Pay Expected</b>
<b>Are you available for full-time work? Yes or No</b> <b>If No, what hours can you work?</b>			<b>Will you work overtime?</b> <b>Yes or No</b>
<b>Are you legally eligible for employment in the United States?</b>			<b>When will you be available to begin work?</b>
<b>Other special training or skills (languages, machine operation, etc)</b>			

<b>School</b>	<b>Name &amp; Location</b>	<b>Course of Study</b>	<b># of Years</b>	<b>Did You Graduate?</b>	<b>Degree</b>
<b>Graduate</b>					
<b>College</b>					
<b>Business/Trade</b>					
<b>High School</b>					
<b>Elementary</b>					

## EMPLOYMENT

Please give accurate, complete full-time employment record. Start with your present/most recent employer.

Company Name	Telephone
Address	Employed From:                      To:
Name of Supervisor	Weekly Pay Start:Last:
Job Title & Job Description	Reason for Leaving:

Company Name	Telephone
Address	Employed From:To:
Name of Supervisor	Weekly Pay Start:Last:
Job Title & Job Description	Reason for Leaving:

Company Name	Telephone
Address	Employed From:To:
Name of Supervisor	Weekly Pay Start:Last:
Job Title & Job Description	Reason for Leaving:

Company Name	Telephone
Address	Employed From:To:
Name of Supervisor	Weekly Pay Start:Last:
Job Title & Job Description	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer Names: \_\_\_\_\_ Reason: \_\_\_\_\_

**OTHER**

1. State names and relationship of any relatives working for us:

2. Have you ever been convicted of a felony in the past five years?  
Yes / Nolf yes, please explain:

**EMPLOYMENT TRIAL PERIOD**

The first 90 days of your employment is considered a training period. During this time both you and your Supervisor will have an opportunity to determine if your job placement is appropriate.

During this period your potential abilities as evidenced by your job performance are carefully evaluated by your supervisor to determine whether your qualifications are best suited to work assignment.

At any time during this training period, your Supervisor may recommend continued employment, an extended training period, or termination.

During the training period, or any time thereafter, employment may be terminated at the option of either the employee or the YMCA.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Voluntary Affirmative Action Data**

**Referral Source:**

- |   |   |
|---|---|
| <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> School                           |
| <input type="checkbox"/> Walk-In                      | <input type="checkbox"/> Advertisement - Located In _____ |
| <input type="checkbox"/> Relative                     | <input type="checkbox"/> Current Employee                 |
| <input type="checkbox"/> Private Employment Agency    | <input type="checkbox"/> Other _____                      |

**Please select one of the following Equal Employment Opportunity Identification Groups:**

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> Black (not Hispanic origin)    |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White (not of Hispanic origin) |   |

**FOR EMPLOYER'S USE ONLY**

Employer	Person Contacted	Results

Test Administered	Raw Score	Rating	Analysis & Comments

Interviewer Name	Comments