

EMPLOYMENT APPLICATION

GRANT COUNTY FAMILY YMCA 123 Sutter Way Marion, IN 46952

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Application Date	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? If hired, do you have a reliable means of transportation to get to work?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? YES NO

Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please describe how the Company could accommodate you:	
Have you ever applied at the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?
How were you referred to the Company: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below)	
_____ Name of Employee _____	

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average

Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.		
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.		
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Computer Skills, i.e. Lotus 1,2,3; Wordperfect, etc.:	<input type="checkbox"/> Other machines requiring special skills:

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

PRE-EMPLOYMENT CERTIFICATION

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration.

I authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Company storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial

If I am employed by the Company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the atwill employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company.

Initial

The following test is to determine what you would do in certain situations that you could possibly find yourself in should the Grant County Family YMCA offer you a position. Answer the questions as honestly as you can.

- 1. You are working with a co-worker and you see her take money from the cash drawer and put it in her pocket. What would you do?**
 - a. Confront her about it
 - b. Tell her immediate supervisor
 - c. Discuss the situation with another employee
 - d. Another alternative

2. You are coaching a soccer game for boys and girls on a Saturday morning. While they are arriving with their parents at the field you're notified of an emergency at home. What would you do?

- a. Leave to go home to your emergency
- b. Ask one of the parents to take your place while you are gone
- c. Call the YMCA office and try to get in touch with your supervisor
- d. Another alternative

3. You have had a busy day. The phones have rung of the hook all day long and you have dealt with problems the entire day. A new member has asked you if you would show them around the facility. What would you do?

- a. Explain to them that you have had a busy day and that you are tired.
- b. Ask them if you could do it some other time
- c. Try to get another co-worker to do it
- d. Another alternative

4. What does the word "Respect" mean to you? Give an example of how it could apply to your working at the Grant County Family YMCA _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

Interviewers Signature

Date





GRANT COUNTY FAMILY YMCA Background Check Consent Form For Adults

Confidential Application for Background Screening

Instructions

Please complete this form accurately and thoroughly. All information provided will remain confidential and used solely for the purposes of conducting a background check. Incomplete or false information may result in a delay or denial of your application or request. If you have questions while completing the form, please contact the requesting organization or designated background check administrator.

Section 1: Personal Information

Full Legal Name: _____

Other Names Used (including maiden name, aliases, nicknames): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number (or equivalent national ID): _____

Driver's License Number: _____

Driver's License State/Province: _____

Current Address: _____ City: _____

State/Province: _____ ZIP/Postal Code: _____

How long at this address? _____

Previous Address(es) (last 7 years): _____

Phone Number(s): _____ Email Address: _____

Section 2: Criminal History

Please answer the following questions. For any "Yes" answer, provide explanation and details.

- Have you ever been convicted of a misdemeanor or felony that has not been expunged?
 Yes No If yes, explain: _____
- Are there any criminal charges currently pending against you? Yes No
If yes, explain: _____
- Have you ever been required to register as a sex offender? Yes No
If yes, explain: _____



**GRANT COUNTY FAMILY YMCA
Background Check Consent Form
For Adults**

Section 3: Consent and Authorization

By signing below, I authorize the requesting organization and its agents to conduct a background check, which may include inquiries into my criminal, civil, educational, and employment history, as well as confirmation of my identity and credentials. I understand that information obtained will be used solely for legitimate purposes and will be kept confidential to the extent permitted by law.

I release all persons and organizations from any liability for providing any information regarding me.

Signature: _____

Date: _____

Section 4: For Office Use Only

Application Received By: _____

Date Received: _____

Background Check Initiated By: _____

Date Initiated: _____

Results Received By: _____

Date Results Received: _____

Notes: _____



GRANT COUNTY FAMILY YMCA Background Check Consent Form For Youth under 18

To be completed by the applicant and their parent/guardian

Applicant Information

Full Name of Youth Applicant: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone Number: _____ Email Address (if applicable): _____

School Name: _____ Grade: _____

Parent/Guardian Information

Full Name of Parent/Guardian: _____

Relationship to Applicant: _____

Phone Number: _____ Email Address: _____

Background Screening Consent

Please indicate the type(s) of background checks authorized (check all that apply):

- Identity Verification
- Reference Checks (teachers, coaches, community leaders)
- Education Verification (school enrollment, academic standing)
- Juvenile Criminal Record Check (where permitted by law)
- Sex Offender Registry Check (if applicable in your jurisdiction)



**GRANT COUNTY FAMILY YMCA
Background Check Consent Form
For Youth under 18**

Consent and Acknowledgment

- I, the parent or legal guardian of the applicant, authorize the organization to conduct the background check(s) selected above. I understand the information collected will be used solely for the purposes indicated and will remain confidential.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Signature of Youth Applicant: _____

Date: ____ / ____ / ____

FOR OFFICE USE ONLY

- Date Application Received: ____ / ____ / ____
- Reviewed By: _____
- Background Check Completed: Yes No
- Notes/Findings: _____