



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Metropolitan YMCAs of Mississippi Employment Application

Thank you for your interest in the YMCA!

This position supports the work of the Y, a leading nonprofit, charitable organization committed to strengthening community through youth development, healthy living, and social responsibility. The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring, or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age, or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below:

- Please write clearly and complete all sections of the application.
- Do not leave any blanks or write "see resume."
- Be sure to sign the last page.

Personal Information

Position Applying For: _____
Preferred YMCA Location: _____

Today's Date: _____
Date Available: _____

Name: _____
(Last, First, Middle)

Address: _____

Telephone: _____ **Email Address:** _____

- Are you 18 years of age or older? (If not, you may be required to provide work authorization.)
☐ Yes ☐ No
- If hired, can you provide verification of your legal right to work in the United States?
☐ Yes ☐ No
- Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
☐ Yes ☐ No

Briefly explain why you're interested in this position and how your experience or goals align with it:

Notice to All Applicants

The YMCA enforces its policies and practices to prevent child abuse. Allegations or suspicions of child abuse are taken very seriously and will be reported to the proper authorities for investigation. We have abuse reporting procedures, unscheduled visits from supervisors, an open-door policy for parents, and a staff code of conduct. We minimize opportunities for abuse and talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and provide child abuse prevention training to staff.

Employment Information**List available days/hours:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status:☐ Full-time ☐ Part-time ☐ Seasonal ☐ As Needed

Have you previously been employed by this YMCA or any other YMCA?

☐ Yes ☐ No If yes, when and where? _____

Have you previously volunteered at this YMCA or any other YMCA?

☐ Yes ☐ No If yes, when and where? _____

Do you have any relatives or household members currently working for this YMCA?

☐ Yes ☐ No If yes, name(s) and relationship: _____

How did you hear about this opening?

☐ YMCA staff referral ☐ YMCA member ☐ School ☐ Advertisement ☐ Walk-in☐ Website: _____ ☐ Other: _____

Name of referral source (if applicable): _____

Education and Training

	Name of School	City, State	Diploma or Degree	Graduated
High School				yes/no
University				yes/no
Graduate School				yes/no
Vocational/Other				yes/no

Describe any non-employment experience (e.g., school or volunteer activities) that might strengthen your application:

Safety and Job-Specific Certifications

Type of certification (CPR, Lifeguarding, CDL, etc.)	Provider	Level	Expiration

Employment History

Employer 1:		Telephone:	
City/State:		Dates Employed:	
Job Title:		May we contact this employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Immediate supervisor:			
Job Duties:			
Reason for leaving:			
Employer 2:		Telephone:	
City/State:		Dates Employed:	
Job Title:		May we contact this employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Immediate supervisor:			
Reason for leaving:			
Employer 3:		Telephone:	
City/State:		Dates Employed:	
Job Title:		May we contact this employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Immediate supervisor:			
Reason for leaving:			

Please list two professional and one personal reference.			
Reference 1 - Professional			
Name:		Years Known:	
Relationship:		Email:	
Telephone:			
Reference 2 - Professional			
Name:		Years Known:	
Relationship:		Email:	
Telephone:			
Reference 3 - Personal			
Name:		Years Known:	
Relationship:		Email:	
Telephone:			

<p>Application Acknowledgement and Authorization</p> <p>Please read all statements and sign below:</p> <p>I authorize both the Metropolitan YMCAs of Mississippi (the "YMCA") and persons listed in this application to communicate regarding any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless for any information they may supply.</p> <p>I understand that any offer of employment is contingent upon successful completion of all background checks, including criminal history.</p> <p>I certify that all information provided by me is correct, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any facts will result in denial or termination of employment, regardless of timing.</p> <p>If employed by the YMCA, I understand that employment is at-will and may be terminated at any time, with or without cause or notice, by either myself or the YMCA.</p> <p>I further understand that no representative of the YMCA, except the CEO, has authority to enter into any agreement for employment other than at-will, and then only in writing.</p> <p>I understand that all offers of employment are conditional upon my ability to provide appropriate documentation regarding my identity and legal right to work in the U.S. I understand that this application is only valid for the current position and will not be retained for future openings. If hired, I agree to abide by YMCA policies and rules.</p> <p>Please note: Due to the high volume of applications received, only candidates selected for further consideration will be contacted.</p> <p>Signature: _____ Date: _____</p>



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DRUG TESTING AND BACKGROUND RECORD REQUEST

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS
ADDRESS	CITY/STATE/ZIP	COUNTY

CRIMINAL BACKGROUND REPORT

I hereby acknowledge that Metropolitan YMCAs of Mississippi (the Y) requires that employees submit to a criminal background check. I further acknowledge that submission to such checks is a term and condition of employment or of continued employment. I hereby authorize any law enforcement agency to release any information concerning criminal convictions to the Metropolitan YMCAs of Mississippi; and I hereby release, acquit and agree to hold harmless from any and all resulting liability and covenant not to sue this law enforcement agency in connection with releasing such information.

MEDICAL/DRUG/ALCOHOL SCREENING

I hereby acknowledge that Metropolitan YMCAs of Mississippi requires that employees submit to medical, drug and/or alcohol screening examinations if requested to do so, subject to federal and state law requirements. I further acknowledge that submission to such examinations is a term and condition of employment or of continued employment. I understand and realize that the examination results and opinions may prove unfavorable to me; I also consent that the Company's physician/drug screening examiner may disclose the results and the information obtained by reason of any medical, drug and/or alcohol screening examination, to my employer.

MOTOR VEHICLE RECORD

I hereby acknowledge that Metropolitan YMCAs of Mississippi requires that employees submit to a motor vehicle background check. I further acknowledge that submission to such checks is a term and condition of employment or of continued employment. I hereby authorize any law enforcement agency to release any information concerning my motor vehicle records to the Metropolitan YMCAs of Mississippi; and I hereby release, acquit and agree to hold harmless from any and all resulting liability and covenant not to sue any agency or company in connection with releasing such information. I also authorize the Y to release information regarding motor vehicle records to outside agents working on behalf of the Metropolitan YMCAs of Mississippi.

EMPLOYMENT REFERENCES

I hereby voluntarily consent to allow Metropolitan YMCAs of Mississippi to check my references by contacting any person who they deem to be an appropriate reference and by asking any questions that they consider relevant to their hiring decision. I hereby release the addressed individual, company or institution, including the Y, from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be effective and valid as the original.

I have read the above statements and authorize Metropolitan YMCAs of Mississippi to obtain any of the background information listed above, as they deem necessary to evaluate my suitability for employment.

Signature of Applicant _____

Date _____