



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BATTLE CREEK FAMILY YMCA EMPLOYMENT APPLICATION

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

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Please answer the following:

- Are you under 18?  Yes  No If yes, do you have a work permit?  Yes  No
- Have you ever been employed by the Battle Creek Family YMCA?  Yes  No If yes, what position or department? \_\_\_\_\_
- Can you provide verification of your identity and legal right to work in the US?  Yes  No
- Do you have any friends, relatives, or acquaintances working for the Battle Creek Family YMCA?  
 Yes  No If yes, state name and relationship \_\_\_\_\_

### Work Desired

Position(s) applying for \_\_\_\_\_

Full Time  Part Time  Temporary  Summertime

If applying for temporary or summertime work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_/\_\_\_/\_\_\_

### Availability for Work

What days and hours are you available for work?

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Can you work weekends?  Yes  No

Can you work evenings?  Yes  No

### Education

Name of High School \_\_\_\_\_ Years completed \_\_\_\_\_

Did you graduate?  Yes  No

Name of College/University \_\_\_\_\_ Years completed \_\_\_\_\_

Did you graduate?  Yes  No If yes, degree earned \_\_\_\_\_

**Name of Vocational School** \_\_\_\_\_ Years completed \_\_\_\_\_

Did you graduate?  Yes  No If yes, degree or diploma earned \_\_\_\_\_

Any special skills, certifications, or training? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Military

Branch \_\_\_\_\_ Rank in Military \_\_\_\_\_ Years of Service \_\_\_\_\_

Skills/duties \_\_\_\_\_

### Previous Work Experience

Please list last job or present position first.

• Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Period of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your employer?  Yes  No

• Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Period of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your employer?  Yes  No

• Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Period of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your employer?  Yes  No

### References

Name	Address	Phone	Relationship

## Battle Creek Family YMCA

### Criminal Background Check Consent

As a prospective employee of the Battle Creek Family YMCA, I understand it is the policy to secure criminal history information as part of the employment process using the information and consent obtained on this form. I also understand that any negative results from this check will impact the decision to hire any prospective employee.

I understand the information needed here is to be used to do a criminal records check. I hereby authorize the Battle Creek Family Y Center to use this form to obtain this information.

Name (Please PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Race: \_\_\_ Hispanic or Latino \_\_\_ White \_\_\_ Black or African American \_\_\_ Native Hawaiian or Pacific Islander \_\_\_ Asian \_\_\_ American Indian or Alaskan Native \_\_\_ Two or More Races

Have you ever been convicted of any offense involving the abuse or neglect of children?

Yes  No

Have you ever been the subject of a protective service or child abuse investigation?  Yes  No Have

you ever been convicted of a felony?  Yes  No If so, briefly

explain: \_\_\_\_\_

Are you now under charges for any violation of the law?  Yes  No If so briefly explain:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Consent

### Applicant Authorization and Release

Please read the following statement carefully before signing to indicate your understanding.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, or current employer (if applicable) and previous employers and other organizations to provide the Battle Creek Family YMCA with any lawful information regarding my application or suitability for employment and I completely release all such persons or entities from any and all liability related to providing or use of any such lawful information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and the Battle Creek Family YMCA has the same right. The Battle Creek Family YMCA reserves the right to modify, evoke, suspend, terminate, or change any or all of its plans, policies, or procedures in whole or in any part at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date