FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Athens-McMinn Family YMCA

EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA!

The Athens-McMinn Family YMCA is dedicated to equal employment opportunity and will comply to the fullest extent with the applicable regulations on equal employment opportunities. It is the policy of the YMCA to ensure equal employment opportunity for all applicants and employees, without regard to race, color, religion, gender, pregnancy, sexual orientation, creed, age, national origin, ancestry, marital status, disability, status as a disabled veteran, military service connection, or on the basis of any other condition or characteristic protected by federal, state, or local law.

Personal Information

Position(s) Applying For: _____ Date Available: _____

Today's Date:_____ Phone Number(s) _____

Name: _____ E-mail: _____
Last First MI

Address: _____
Street

_____
City State Zip

Previous Address: _____
Street

_____
City | State | | Zip

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? Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: ☐ **Yes** ☐ **No**

_____
_____

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? If yes, please explain: ☐ **Yes** ☐ **No**

_____
_____

Have you ever been convicted of a misdemeanor charge that you have plead guilty to, or were convicted of, within the past seven years? You may omit traffic and other moving violations unless you are seeking a position which involves driving for the YMCA. If yes, please explain: ☐ **Yes** ☐ **No**

_____

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 at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures; there are unscheduled visits from supervisors; we have an open door for parents; and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

Employment Information

List available hours for each day:

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? At which location? _____

Have you previously volunteered at this YMCA or any other YMCA? ☐ **Yes** ☐ **No**

If yes, when? At which location? _____

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? _____
Name of referral source: _____

☐ YMCA staff ☐ YMCA member
☐ School ☐ Advertisement
☐ Walk-in ☐ Other _____
☐ YMCA website

Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
☐ High School ☐ GED			☐ Yes ☐ No ☐ In Progress		
College			☐ Yes ☐ No ☐ In Progress		
Graduate School			☐ Yes ☐ No ☐ In Progress		
Vocational/ Other			☐ Yes ☐ No ☐ In Progress		

Describe any additional areas of education, vocation, profession, volunteering, computer training, special areas of research or study, seminars, etc. that might strengthen your application.

Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Employment History

List all previous employment during the past ten years starting with the most recent. Use additional sheets if needed.

Employer	Telephone	Dates Employed From: ___/___ To: ___/___	Summarize the nature of the work performed and job responsibilities.
Address			
Email Address		Starting Rate/Salary $ _______ per _________	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving		Ending Rate/Salary $ _______ per _________	
May we contact this employer?	☐ Yes ☐ No		

Employer	Telephone	Dates Employed From: ___/___ To: ___/___	Summarize the nature of the work performed and job responsibilities.
Address			
Email Address		Starting Rate/Salary $ _______ per _________	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving		Ending Rate/Salary $ _______ per _________	
May we contact this employer?	☐ Yes ☐ No		

Employer	Telephone	Dates Employed From: ___/___ To: ___/___	Summarize the nature of the work performed and job responsibilities.
Address			
Email Address		Starting Rate/Salary $ _______ per _________	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving		Ending Rate/Salary $ _______ per _________	
May we contact this employer?	☐ Yes ☐ No		

Employer	Telephone	Dates Employed From: ___/___ To: ___/___	Summarize the nature of the work performed and job responsibilities.
Address			
Email Address		Starting Rate/Salary $ _______ per _________	
Job Title			
Immediate Supervisor and Title			
Reason for Leaving		Ending Rate/Salary $ _______ per _________	
May we contact this employer?	☐ Yes ☐ No		

Revised January 2026

Professional References

Name: _____ Occupation: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate#: _____

Personal References

Name: _____ Occupation: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Alternate#: _____

Application Acknowledgement and Authorization

Please read all statements, initial and sign Acknowledgement on this page:

◇ I understand that this application is only valid for the position(s) applied for at present and that the Athens-McMinn Family YMCA is not obligated to retain or consider this application for future openings.

_____
Initial

◇ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts will result in immediate termination from employment or removal of my application from consideration. I authorize the Athens-McMinn Family YMCA 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 Athens-McMinn Family YMCA, I will abide by the YMCA's 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

◇ If I am offered employment, I understand and agree that I may be required to undergo a physical examination and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

_____
Initial

◇ I agree to submit to legally permissible drug and/or alcohol testing upon request by the Athens-McMinn Family YMCA. 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 Athens-McMinn Family YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

_____
Initial

◇ I understand that I shall be subject to background screening by the Athens-McMinn Family YMCA. I recognize that the results of this screening may be used to determine my employment or continued employment.

_____
Initial

◇ If I am employed by the Athens-McMinn Family YMCA, I understand my employment can be terminated, with or without cause, and with or without notice, at any time at the option of the Athens-McMinn Family YMCA or myself. I understand that, other than the Executive Director/Chief Executive Officer of the Athens-McMinn Family YMCA, no manager, supervisor or representative of the YMCA 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 Executive Director/ Chief Executive Officer of the Athens-McMinn Family YMCA 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 at-will 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 Athens-McMinn Family YMCA.

_____
Initial

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 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 Athens-McMinn Family YMCA concerning the nature of my employment, if any, by the Athens-McMinn Family YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Athens-McMinn Family YMCA. 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.

Signature: **Date:**