



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Employment Application

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, GENDER, AGE, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS.

DATE: \_\_\_\_\_

LAST NAME FIRST MIDDLE HOME PHONE

ADDRESS CITY STATE ZIP BUSINESS PHONE

IF YOU HAVE LIVED AT THE ABOVE ADDRESS FOR LESS THAN TWO (2) YEARS, LIST PREVIOUS ADDRESS:

ADDRESS CITY STATE ZIP

SS# \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES NO

IF YES, LIST MONTH, YEAR, AND POSITION HELD \_\_\_\_\_

POSITION DESIRED / AREA(S) OF INTEREST (NOTE: MARK 1ST AND 2ND CHOICES)

FITNESS/HEALTH GYMNASTICS/DANCE YOUTH SPORTS
CHILD WATCH MAINTENANCE AQUATICS HOUSEKEEPING

APART FROM ABSENCE FOR RELIGIOUS OBSERVANCES, ARE YOU AVAILABLE FOR FULL-TIME WORK? YES NO

IF NOT, WHAT HOURS CAN YOU WORK? \_\_\_\_\_

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? \_\_\_\_\_

PAY EXPECTED \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

IF NO, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO

IF YES, EXPLAIN: \_\_\_\_\_

OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, CPR, FIRST AID, ETC.) \_\_\_\_\_

PLEASE INCLUDE AT LEAST TWO (2) PERSONAL REFERENCES, INCLUDING PHONE NUMBERS:

NAME PHONE # NAME PHONE #

YMCA OF ELKHART COUNTY
200 East Jackson Blvd, Elkhart IN 46516
P 574 389 7878 F 574 294 2731 www.elkhartymca.org



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**EDUCATION**

SCHOOL	SCHOOL NAME / LOCATION	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				____ YES ____ NO	
COLLEGE				____ YES ____ NO	
BUSINESS/ TRADE/ TECHNICAL				____ YES ____ NO	
HIGH SCHOOL				____ YES ____ NO	

**EMPLOYMENT**

(PLEASE BE ACCURATE. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.)

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

LIST JOB TITLE AND DESCRIBE WORK PERFORMED: \_\_\_\_\_

EMPLOYED (LIST MONTH AND YEAR) FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURLY PAY: START \_\_\_\_\_ LAST \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

LIST JOB TITLE AND DESCRIBE WORK PERFORMED: \_\_\_\_\_

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**EMPLOYMENT CONT.**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

LIST JOB TITLE AND DESCRIBE WORK PERFORMED: \_\_\_\_\_

EMPLOYED (LIST MONTH AND YEAR) FROM \_\_\_\_\_ TO \_\_\_\_\_

HOURLY PAY: START \_\_\_\_\_ LAST \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

(LIST ADDITIONAL EMPLOYMENT INFORMATION ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.)

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE THAT MAY DISCLOSE YOUR RACE, COLOR, RELIGION OR NATIONAL ORIGIN).

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

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN DISMISSAL.

I UNDERSTAND ACCEPT THAT AN OFFER OF EMPLOYMENT CREATES NO OBLIGATION UPON MYSELF OR THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE AND THAT SUCH OFFER OF EMPLOYMENT MAY BE SUBJECT TO A BACKGROUND AND CRIMINAL CHECK.

\_\_\_\_\_  
APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_