



YMCA of Reading & Berks County

631 Washington Street, Reading, PA 19601 ▲ 610-378-4700 ▲ 610-378-4702 Fax

Employment Application

YMCA of Reading & Berks County is an equal opportunity employer and we do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the Payroll Office.

Date: _____

PERSONAL DATA	
First Name: _____	Last Name: _____
Street Address: _____	Apt #: _____
City: _____	State: _____ Zip: _____
Number of years at above address: _____	Other States of Residence: _____
Telephone: _____	Cell Phone _____
E-mail Address _____	Social Security No _____
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a legal right to work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you submit proof of legal employment authorization and identity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran or have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," how many years? _____	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to the YMCA? _____	
Do you have any relatives or friends who work for the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," list name and branch: _____	
WORK INTEREST	
Type of Employment applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship/Co-op	
Desired Salary or Hourly Rate: _____	
Have you ever worked for the YMCA as a regular or temporary employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," years of employment/reason for leaving: _____	

EDUCATION

Do you have a High School diploma? Yes No If "no," do you have a GED? Yes No

School: _____ Location _____

Did you attend Votech/Trade School Yes No

School: _____ Location _____

Area of Study: _____

Did you attend a college or university? Yes No If "yes," do you have a diploma? Yes No

Major: _____

School: _____ Location _____

Do you have experience working with computers? Yes No

Specify: Word Processing Spread Sheets Power Point Internet CAD Other

WORK EXPERIENCE

Are you currently working? Yes No If "yes," how much notice does your present employer require? _____

If presently employed, why are you considering leaving? _____

Company	Dates of Employment	Salary	Job Title/Responsibilities	Reason for Leaving
Name: _____ Address: _____	From: _____ To: _____	Start _____ End: _____	_____	_____
Name: _____ Address: _____	From: _____ To: _____	Start _____ End: _____	_____	_____
Name: _____ Address: _____	From: _____ To: _____	Start _____ End: _____	_____	_____
Name: _____ Address: _____	From: _____ To: _____	Start _____ End: _____	_____	_____

Do you have a PA Careerlink Workkeys certificate? Yes No

Do you have daily transportation to work? Yes No

ATTENDANCE

Attendance and punctuality are essential requirements of work at the YMCA. Is there anything which would interfere with your regular attendance and punctuality if offered a job? Yes No

Other than vacation days, how many days have you missed from work in the last 2 years? _____

Days and Hours available: (If employed, I will notify Payroll in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____	_____	_____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	_____	_____	_____

CRIMINAL CONVICTIONS

Have you ever been convicted of a felony or a misdemeanor? Yes No

A conviction will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, rehabilitation, and job-relatedness may be considered when making any employment decisions. If your answer is "yes," please explain the circumstances surrounding the conviction by answering the following questions.

Date: _____
 Location: _____
 Nature of Crime: _____

AUTHORIZATION

I authorize investigation of all matters contained in this application and agree that if, in the judgment of the YMCA, any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by the YMCA may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have been employed.

I hereby give the YMCA the right to make a thorough investigation of my past employment, education, and activities and I release from all liability all persons, companies and corporations supplying such information. I indemnify the YMCA against any liability which might result from making such investigation. I understand that any false answer or statements or implications made by me in this application or other documents required by the YMCA shall be considered sufficient cause for denial of employment or discharge. I authorize my previous employers to release all information concerning my employment with them.

In consideration of employment, I agree to conform with the rules and regulations of the YMCA and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the YMCA or myself.

Date: _____ Signature: _____

INTRODUCTORY PERIOD

All newly hired and rehired employees enter an Introductory Period for the first 90 calendar days after their most recent date of hire. The YMCA is committed to providing a drug-free workplace. Employees are required to disclose to the YMCA any prescription medications he/she may be taking so they can be evaluated for fitness for duty. Employees in their Introductory Period are subject to drug and alcohol testing, if use is suspected to the extent permitted under applicable state or federal laws. Drug and alcohol testing is conducted in accordance with the Department of Transportation guidelines and is administered by certified Professional Collectors. An employee in their Introductory Period who is tested and has a detectable level of alcohol or drugs in their system will be terminated from employment with the YMCA. If an employee in their Introductory Period refuses to submit to drug or alcohol tests, or leaves the test site without completing the test process or alters, manipulates or falsifies the test in any way; he/she will be terminated from employment with the YMCA.

I have read, understand, and acknowledge that if I accept an offer of employment from the YMCA I will be subject to and submit to random drug and alcohol testing during my Introductory Period.

Date: _____ Signature: _____

BACKGROUND INFORMATION AUTHORIZATION

Full Name Last: _____ First _____ Middle _____

Any Former Names (Alias, Maiden): _____

Social Security No.: _____

Current Address: _____

City: _____ State: _____ Zip _____

Former Address: _____

City: _____ State: _____ Zip _____

Former Address: _____

City: _____ State: _____ Zip _____

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including: criminal, child abuse, motor vehicle driving record and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my education, driving, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I release from all liability or responsibility all persons, schools, companies, corporations or other entities supplying or collecting such information. I authorize without reservation any party or agency contracted by this company or other company or other agencies acting on their behalf to furnish the above-mentioned information.

Date: _____ Signature: _____

(3) PROFESSIONAL REFERENCES & (1) PERSONAL REFERENCE FROM FAMILY MEMBER		
Name: _____	Business: _____	
Address: _____	Phone: _____	
Name: _____	Business: _____	
Address: _____	Phone: _____	
Name: _____	Business: _____	
Address: _____	Phone: _____	
Name: _____	Business: _____	
Address: _____	Phone: _____	
OUR MISSION		
To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.		
CORE VALUES		
<p><u>Caring</u> - To be sensitive, understanding and responsive to the well being of others as well as self.</p> <p><u>Honesty</u> - To be truthful, trustworthy, sincere and fair in word and action.</p> <p><u>Respect</u> - To value the worth of person and property. Treating others as you would have them treat you.</p> <p><u>Responsibility</u> – To recognize, accept and fulfill the obligation to contribute to a better society.</p>		