





## **EDUCATION AND TRAINING**

Identify all licenses or certifications which you currently hold:

Name of license/certification \_\_\_\_\_

License/certification number \_\_\_\_\_ Issuing state \_\_\_\_\_

Have your licenses/certifications ever lapsed? \_\_\_\_\_

If yes, state reason for lapse, revocation or suspension \_\_\_\_\_

\_\_\_\_\_ Date of reinstatement \_\_\_\_\_

In addition to your work history and educational experience, what other experiences, skills or qualifications do you have that would qualify you for this position?

## **PREVIOUS YMCA EXPERIENCE**

If you have worked for the YMCA before, state location, dates and position & reason for leaving: \_\_\_\_\_

Have you ever applied to the YMCA Before: If yes, where? \_\_\_\_\_

Do you have any relatives now employed by the YMCA? Yes \_\_\_\_ No \_\_\_\_ If yes, identify by name(s), position and location: \_\_\_\_\_

## **REFERENCES**

Name	Address	Phone	Business	Years known

Have you ever pleaded guilty to, or been convicted of, a criminal offense? Yes \_\_\_\_ No \_\_\_\_

If yes, give dates and circumstances \_\_\_\_\_

I understand that employment at this company is "at will," which means that either I or the YMCA can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued at that basis.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

*All YMCA employees are required to acknowledge that they have read the YMCA Code of Conduct.*

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may result in dismissal. Further, I understand and agree that my employment is for no definite period, and may, regardless of the day of payment of my wages and salary, be terminated at any time, with or without cause, and with or without prior notice.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_