

Education

School	Major Course or Degree Program	Month & Year Attended From/To	Degree Received

Availability

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Are there any times during the year that you are not available for employment?

Please answer the following questions fully and specifically:

1) Why do you want to be a YMCA employee? _____

2) Why did you leave your last position? _____

3) What are the three major contributions you will make to the YMCA? _____

4) If applying for a *position working with children*, which age group do you feel you are most qualified to work with? Why? _____

5) If applying for a *position working with children*, what relevant skills have you acquired that will enhance your ability to successfully work with children? (I.e. sports, crafts, leadership, outdoor experience, swimming, a special talent, etc.) _____

6) For *positions working with children*, design and describe an activity for an age group of your choice. (You may use an additional sheet if needed.)

References

Please list *three people* who are not relatives who could attest to your abilities.

Name	Address	Email/Phone Number	Relationship / Years Acquainted

Initial In the Ithaca YMCA’s effort to attract the highest quality staff, I have been advised as a part of the application process for employment with the Ithaca YMCA, an extensive inquiry will be made concerning my prior employment; activities, character and health, and I fully consent and authorize all such inquiries.

Initial If employed by the Ithaca YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I understand that my initial employment may be contingent upon receipt of a current physical examination made of me by a licensed physician. Additionally, I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made by you, or your representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal or proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent, and it is in my interest that I be considered for employment.

Initial I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, and if after employment, would be cause for termination of employment within the YMCA of Ithaca and Tompkins County.

I hereby acknowledge that I have read and understood the above statements, and that I voluntarily sign this application.

To submit this application, print and fill out, and drop off at the Ithaca YMCA or scan and email to tmorehouse@ithacaymca.com. By submitting this application you agree to the above statement.

Please attach a current résumé if one is available.



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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**