



Application for Employment

ANN ARBOR YMCA (continued)

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? ** Yes No

If you served in the U.S. Armed Forces, please indicate:

Branch of Service: _____ Rank at discharge: _____

Date of discharge: _____ Dishonorable discharge? Yes No

Describe your duties and any special training: _____

In case of an emergency, we should notify: _____
NAME ADDRESS PHONE

II. References

Give the name of three professional references that are not related to you, whom you have known at least one year. Please also list one personal reference that can speak to your character.

Name	Address and Phone	Employer and Title	Years Acquainted
Professional References:			
Personal Reference:			

III. Education

	Name & Location of School	Major Subject(s) Studied	Years Attended <small>(for verification purposes, only)</small>	Graduated? (Yes or No)	Degree, Diploma or Certificate & Year Obtained
High School					
Technical Training					
College					
Other					

**The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.



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IV. Employment History

Start with present and list all previous employment. (Use separate sheet if necessary.) Start with present employment and work back.

Dates (Month and Year)	Employer's Name, Address & Phone Number	Supervisor's Name & Title	Positions	Salary (Starting & Ending)
From To				
Reason for Leaving:				
From To				
Reason for Leaving:				
From To				
Reason for Leaving:				
From To				
Reason for Leaving:				
From To				
Reason for Leaving:				

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

V. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to the Ann Arbor YMCA: _____

Do you fluently speak any languages other than English? Yes No If yes, please list: _____

Office Skills: Typing (wpm): _____ PC software you can operate: _____



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Authorization and Understanding

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that the Ann Arbor YMCA may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews, and I authorize the Ann Arbor YMCA to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that the Ann Arbor YMCA is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the Ann Arbor YMCA.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of the Ann Arbor YMCA and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Ann Arbor YMCA or myself. I further understand and agree that no manager, representative, agent or employee of the Ann Arbor YMCA, other than its President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the President of the Ann Arbor YMCA, pursuant to a specific resolution passed by the Board of Directors of the Ann Arbor YMCA, in order for it to be effective.

Furthermore, I agree that if I become employed by the Ann Arbor YMCA, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the Ann Arbor YMCA or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for drugs and/or alcohol) at the Ann Arbor YMCA's discretion and expense.

Applicant's Signature: _____ Dated: _____

Please Read

This application will only be considered for the ninety-calendar day period after its receipt by the Ann Arbor YMCA. Should you wish to be considered after the expiration of this period, you must reapply.

The Ann Arbor YMCA is an equal opportunity employer and complies with all laws prohibiting discrimination based on race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Michigan Persons with Disabilities Civil Rights Act and the federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's disability unless the accommodation would impose an undue hardship on the employer. An employee may allege a violation against an employer regarding a failure to accommodate his or her disability under Michigan law only if the employee notifies the employer in writing of the need for accommodation within 182 days after the date the employee knew or reasonably should have known that an accommodation was needed.

DO NOT WRITE BELOW THIS LINE

Interviewer 1: _____ Interviewer 2: _____ Date: _____

Remarks: _____

