



YMCA of Eastern Ontario Employment Application

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Instructions

- Please complete all sections as thoroughly as possible, even if you are attaching a resume.
- A clear understanding of your background and work history will aid us in considering you for a position which best meets your qualifications.
- The offer of any position with the YMCA is conditional upon the presentation of a satisfactory Criminal Reference Check.

Office Use Only - Date Received

Personal							
Information							
Last Name	First Name	Telephone:					
Is your age at least 16 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email:				
Eligible to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Personal Information							
Type of position being applied for: <input type="checkbox"/> Full-time Permanent <input type="checkbox"/> Part-time Permanent <input type="checkbox"/> Summer/Seasonal							
Facility location desired: <input type="checkbox"/> Brockville YMCA <input type="checkbox"/> Kingston YMCA <input type="checkbox"/> Other: _____							
Area of employment desired: <input type="checkbox"/> Day Care <input type="checkbox"/> Membership Services <input type="checkbox"/> Aquatics <input type="checkbox"/> School-Age Care <input type="checkbox"/> Fitness <input type="checkbox"/> Cleaning & Facilities <input type="checkbox"/> Administration <input type="checkbox"/> Camps / School Break Programs <input type="checkbox"/> Child & Youth							
Are you responding to an advertised position? <input type="checkbox"/> Yes <input type="checkbox"/> No Job Title: _____							
Have you previously worked for a YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____							
Times Available to Work							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							
Highest level of education received: _____							
If you expect to complete an educational program in the near future, please describe? _____							
_____ Anticipated Completion Date: _____							
Language							
<input type="checkbox"/> English <input type="checkbox"/> Spoken <input type="checkbox"/> Written							
<input type="checkbox"/> French <input type="checkbox"/> Spoken <input type="checkbox"/> Written							
<input type="checkbox"/> Other _____ <input type="checkbox"/> Spoken <input type="checkbox"/> Written							
Certifications & Training							
<input type="checkbox"/> Standard First Aid with CPR C <input type="checkbox"/> National Lifeguard <input type="checkbox"/> Bronze Cross <input type="checkbox"/> Personal Trainer <input type="checkbox"/> Swim Instructor							
<input type="checkbox"/> Individual Conditioning <input type="checkbox"/> Fitness Instructor <input type="checkbox"/> Child & Youth Diploma <input type="checkbox"/> Early Childhood Educator							
Please list any other relevant certifications or designations: _____							



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*Employment History	
Name of Current / Recent Employer	
Job Title	Type of Business
Period of Employment	From: To:
Duties and Responsibilities	
Name of Supervisor	Email Telephone
Reason for Leaving	
Name of Current / Recent Employer	
Job Title	Type of Business
Period of Employment	From: To:
Duties and Responsibilities	
Name of Supervisor	Email Telephone
Reason for Leaving	
Name of Current / Recent Employer	
Job Title	Type of Business
Period of Employment	From: To:
Duties and Responsibilities	
Name of Supervisor	Email Telephone
Reason for Leaving	
References – *Please provide three professional references	
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone
<p>I hereby certify that the above information is true and complete to the best of my knowledge. I understand that if any information in this application or attachments/resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am employed by the YMCA of Eastern Ontario.</p> <p>*By providing names and contact information, I am providing the YMCA permission to contact the person or organization listed to obtain reference information and information included in my personnel file(s), including my attendance and performance history. The persons listed above are authorized to disclose such information to the YMCA, with the following exceptions or limitations: _____</p> <p>_____</p>	
Signature	Date: month / day /year