

References			
List three personal references, including one relative.			
Name	Street, City, State, Zip Code	Telephone Number	Occupation
Name	Street, City, State, Zip Code	Telephone Number	Occupation
Name	Street, City, State, Zip Code	Telephone Number	Occupation

Certifications		
Please indicate the types of certification that you currently hold.		
Certification	Completion Date	Expiration Date
Lifeguard Training		
Water Safety Instructor		
Standard CPR		
Professional Rescuer CPR		
First Aid		
YMCA Instructor		
Other		

How did you hear about vacancies at the YMCA?	
<input type="checkbox"/> Television	<input type="checkbox"/> Employee Referral
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Member Referral
<input type="checkbox"/> Internet	<input type="checkbox"/> Other _____

Applicant's Statement	
Read the following statements carefully before signing this application.	
The information presented in this application for employment is true.	
I understand that the representatives of the YMCA and its agents may conduct a background investigation on me, and may contact my former employers, references, and other relevant third parties to obtain additional information related to employment. I hereby request, release and consent to the release and disclosure of such information.	
I understand that if any statement or response on the application form, during the interview, or at any time during the hiring process, is found to be false or misleading, consideration of the applicant will be discontinued. This will result in employment denial in the case of an applicant and possible dismissal in the case of a current employee.	
_____ Signature of Applicant	_____ Date

YMCA Buffalo Niagara

Employment Application



"YMCA Buffalo Niagara is an inclusive organization of people committed to a common effort to help individuals and families reach their fullest potential in terms of spirit, mind and body."

**Submit this application to the Front Desk
at the Branch of choice:**

Delaware Family Branch
2564 Delaware Ave.
Buffalo, NY 14216
716-875-1283 [p]
716-875-0305 [f]

Ellicott-Masten Family Branch
585 William St.
Buffalo, NY 14206
716-845-5440 [p]
716-845-5443 [f]

Ken-Ton Family Branch
535 Belmont Ave.
Kenmore, NY 14223
716-874-5051 [p]
716-874-5054 [f]

Lancaster Family Branch*
5 West Main St.
Lancaster, NY 14086
716-684-2395 [p]
716-651-9745 [f]

Niagara Falls Family Branch
1317 Portage Road
Niagara Falls, NY 14301
716-285-8491 [p]
716-285-1030 [f]

Northeast Family Branch
4433 Main St.
Amherst, NY 14226
716-839-2543 [p]
716-839-2352 [f]

Southtowns Family Branch
1620 Southwestern Blvd.
West Seneca, NY 14224
716-674-9622 [p]
716-674-9522 [f]

YMCA Camp Weona
(Business Office)
280 Cayuga Road
Buffalo, NY 14225
716-565-6008 [p]
716-565-6007 [f]

YMCA Corporate Office
301 Cayuga Rd., Ste. 100
Buffalo, NY 14225
716-565-6000 [p]
716-565-6007 [f]

* Non-Facility Branch

www.ymcabuffaloniagara.org

The YMCA Buffalo Niagara is an Equal Opportunity Employer.

The YMCA does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws.

Personal Information		Today's Date:
Name (First, Middle, Last)	Social Security Number (Last Four Digits Only)	
Street Address	City, State, Zip Code	
Telephone Number	Date available to work	
Have you ever been convicted of a felony, misdemeanor, criminal offense or violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.		

Position Requested

Availability													
Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To
How many hours do you want to work each week? _____													
Would you be willing to work at another local YMCA? _____													

Education					
Name	City, State	Number of Years Completed	GPA	Degree or Diploma	If no Degree, Semester & Credits Completed
High School					
College					
Other					

Military Service Record
Have you ever been a member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch?

Work Experiences				
List the last three positions for which you have received remuneration.				
Employer #1 Name of Employer	Start Date	End Date	Employer's Address (Street, City, State)	
	Position/Occupation		Job Description	Salary/Hourly Rate
	Supervisor		Reason for Leaving	
	Telephone Number			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer #2 Name of Employer	Start Date	End Date	Employer's Address (Street, City, State)	
	Position/Occupation		Job Description	Salary/Hourly Rate
	Supervisor		Reason for Leaving	
	Telephone Number			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer #3 Name of Employer	Start Date	End Date	Employer's Address (Street, City, State)	
	Position/Occupation		Job Description	Salary/Hourly Rate
	Supervisor		Reason for Leaving	
	Telephone Number			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Were you ever employed by the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what position? _____ Association/Branch Name: _____ Years of Employment _____
