



**YMCA of Southwestern Ontario  
APPLICATION FOR EMPLOYMENT**

Information		
First, Middle Initial, Last Name:		
Apartment #, Street #, and Street Name:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Email:
Position(s) Applied for:		Salary/Wage Expectations: \$
Interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Supply <input type="checkbox"/> Camp		
Have you worked for the YMCA of Southwestern Ontario before? <input type="checkbox"/> No <input type="checkbox"/> Yes = Where: _____ When: _____		
Are you legally entitled to work in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes		
I am enrolled or I intend to enroll in full time education after this school year? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Education	
Secondary School Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes	Number of years in SS: _____
Please list post-Secondary Education and Degrees:	

Experience
Please record specific job experience and or skills you have that would be applicable to the position you are seeking:

Record of Employment			
Name of current Employer:	Start – Finish Dates:	Job Title / Responsibilities:	Salary / Wage:
Name of Supervisor:	Telephone Number:	Reason for Leaving:	I hereby give permission to contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes = Initial _____
Name & Location of past Employer (pls. go back 5yrs):	Start – Finish Dates:	Job Title / Responsibilities:	Salary / Wage:
Name of Supervisor:	Telephone Number:	Reason for Leaving:	I hereby give permission to contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes = Initial _____
Name & Location of past Employer (pls. go back 5yrs):	Start – Finish Dates:	Job Title / Responsibilities:	Salary / Wage:
Name of Supervisor:	Telephone Number:	Reason for Leaving:	I hereby give permission to contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes = Initial _____



**YMCA of Southwestern Ontario  
APPLICATION FOR EMPLOYMENT**

Record of Employment continuation			
Name & Location of past Employer (pls. go back 5yrs):	Start – Finish Dates:	Job Title / Responsibilities:	Salary / Wage:
Name of Supervisor:	Telephone Number:	Reason for Leaving:	I hereby give permission to contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes = Initial _____

**Please read carefully:** I voluntarily give the YMCA of Southwestern Ontario the right to make a thorough investigation of my past employment and activities, agree to co-operate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that any false statements made by me on this application or supplement thereto, or in connection with the above mentioned investigation will disqualify me for employment, or if employed would be sufficient grounds for termination.

I further understand that I will be subject to a criminal records check. Pending completion of the criminal records check, I hereby verify I have not been charged with a criminal offence for which I have not received a pardon.

Candidate's Signature	Date