



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 placing you in a position which best meets your qualifications.
- The offer of any position with our YMCA is conditional upon the presentation of a fully satisfactory CPIC.

Office Use Only - Date Received

PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIAL	Telephone #	
			Email address:	
ADDRESS	CITY	PROVINCE	POSTAL CODE	
Is your age at least 16 years? Eligibility to work in Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
			<input type="checkbox"/> Work Permit	

POSITION INFORMATION

Type of position being applied for: Full-time Permanent Part-time Permanent
 Summer/Seasonal

Facility location desired: No preference Wright Crescent St. Lawrence College

Area of employment desired: Day Care Membership Services Health, Fitness & Recreation
 School-Age Care Personal Training Cleaning & Maintenance
 Administration Camps and School Break Programs Aquatics

Are you responding to an advertised position? Yes No Job Title: _____

Availability: Flexible shifts, including weekends and evenings Daytime only Evenings only Weekends Only

Transportation to work will be by: Car (personally owned) Bus Other _____

Are you a student? Yes No

Have you previously worked for a YMCA? Yes No Location: _____

EDUCATIONAL BACKGROUND

Highest secondary school grade completed: 9 10 11 12 13

Type of diploma awarded: OSSD Equivalency Diploma Other _____

Number of years of post-secondary school education 1 2 3 4 5 6

Post-secondary school degree received: _____

If you expect to complete an educational program in the near future, what type of degree or program is it? _____
 _____ Date expected _____

LANGUAGE FLUENCY

English French Other _____
 Spoken Written Spoken Written Spoken Written

WORK HISTORY

Name of Current / Most Recent Employer & Type of Business	Job Title	
	Period of Employment From: To:	Salary
Duties and Responsibilities	Name of Supervisor	Telephone
Reason for Leaving	Email	
Name of Previous Employer & Type of Business	Job Title	
	Period of Employment From: To:	Salary
Duties and Responsibilities	Name of Supervisor	Telephone
Reason for Leaving	Email	
Name of Previous Employer & Type of Business	Job Title	
	Period of Employment From: To:	Salary
Duties and Responsibilities	Name of Supervisor	Telephone
Reason for Leaving	Email	

CERTIFICATIONS

- CPR Standard First Aid NLS Bronze Cross Personal Trainer
 Aquatics – Instructor Individual Conditioning Aerobics Instructor Aquafitness Instructor

Other: _____

REFERENCES

May we contact your present/last employer? Yes No May we contact your former employer(s)?
 Yes No

Other References

Name	Relationship	Email	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

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 Kingston.

Signature
YMCA of Kingston Employment Application – May 2017

Date: month/day/year