



**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 and Address of Present/Last Employer	Present/Last Job Title	
	Period of Employment From: To:	Salary
Type of Business	Name of Supervisor	Telephone
Duties and Responsibilities	Reason for Leaving	
Name and Address of Previous Employer	Previous Job Title	
	Period of Employment From: To:	Salary
Type of Business	Name of Supervisor	Telephone
Duties and Responsibilities	Reason for Leaving	
Name and Address of Previous Employer	Previous Job Title	
	Period of Employment From: To:	Salary
Type of Business	Name of Supervisor	Telephone
Duties and Responsibilities	Reason for Leaving	

## 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	Telephone #
_____	_____	_____
_____	_____	_____

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  
KFY Employment Application – May 2014

\_\_\_\_\_  
Date:      month/day/year