



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Pay desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the SWC YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the SWC YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the SWC YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
		Computer Skills; Word, Excel, etc...		

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

EMPLOYMENT DATA CONTINUED

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

PRE-EMPLOYMENT CERTIFICATION

_____ I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain
Initial or consider this application for future openings.

_____ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or
Initial omission of facts called for will result in immediate termination from employment or removal of my application from consideration.
I authorize the YMCA to run a complete background check, secure information about my experience with former employers,
education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties
from any liability arising therefrom.

_____ If employed by the YMCA I will abide by the SWC YMCA policies and rules. I understand that I will be required to possess a current
Initial and valid driver's license if my position requires me to drive in the course of my work.

_____ I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of
Initial these tests may be used to determine my employment or continued employment. I understand and expressly agree that if
employed by the Company storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior
notice to me.

_____ If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at
Initial any time at the option of the YMCA or myself. I understand that, other than the Executive Director of the YMCA, no manager,
supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of
time, or to make any agreement contrary to the foregoing. Only the Executive Director of the YMCA has the authority to make any
agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will
employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any
employment relationship between myself and the YMCA.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Date of Application