



APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER • DRUG-FREE WORK PLACE

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO () _____ EMAIL: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____ *ARE YOU 18 YEARS OR OLDER? YES _____ NO _____
*** Work Permit Required**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
 If yes, please explain: _____

DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM WORK: YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER BEEN EMPLOYED WITH THE YMCA BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

WILL YOU ACCEPT FULL-TIME WORK? YES _____ NO _____ PART-TIME WORK? YES _____ NO _____

DAYS AND TIMES YOU ARE AVAILABLE TO WORK:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

EDUCATION	NAME AND LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

GENERAL

CERTIFICATIONS (i.e., CPR, First Aid, AED, Fitness Instructor) _____

ACTIVITIES/HOBBIES: _____

PREVIOUS EMPLOYMENT

Place an "X" in the box by the employer(s) you **do not** want us to contact. List the most recent employer first. If you do not have any previous employers, use the space provided to give four references (excluding family members) that have known you for one year or more.

1. Company Name _____ Phone () _____
 Address _____
Contact Name _____ Employed from _____ to _____
Position _____ Reason For Leaving _____ Last Wage _____

2. Company Name _____ Phone () _____
 Address _____
Contact Name _____ Employed from _____ to _____
Position _____ Reason For Leaving _____ Last Wage _____

3. Company Name _____ Phone () _____
 Address _____
Contact Name _____ Employed from _____ to _____
Position _____ Reason For Leaving _____ Last Wage _____

4. Company Name _____ Phone () _____
 Address _____
Contact Name _____ Employed from _____ to _____
Position _____ Reason For Leaving _____ Last Wage _____

I certify that the information submitted by me on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations herein named in this application to provide the YMCA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability that they might otherwise incur as a result. I understand that failure to provide true and accurate information could result in refusal of employment or dismissal from employment without advance notice.

In consideration of employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the YMCA's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the YMCA. I understand that no YMCA representative, other than its CEO, and then only when in writing and signed by the CEO, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I understand the YMCA is a drug-free work place and a successful completion of a pre-employment drug screen is a condition of employment. Also, I understand that I could be subject to annual and/or random drug screening should I be offered employment.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

HIRED: YES NO POSITION _____ DEPARTMENT _____
SALARY/WAGE _____ DATE REPORTING TO WORK _____