

# YMCA of the Golden Crescent

## APPLICATION FOR EMPLOYMENT (EQUAL OPPORTUNITY EMPLOYER)

**YMCA Mission** - To put Christian principles into practice through programs that build a healthy body, mind and spirit for all. The YMCA is a nonprofit agency designed to enhance the quality of life of its participants and the community. Those applying for a position with the YMCA should understand the YMCA mission and be in agreement with its objectives. All applicants will go through a background check before hiring. All employees working with or around children will have a criminal check performed on them as is required by the State Childcare Licensing Agency. Any person convicted of a felony will not be employed by the YMCA. All part-time employees are employed for 1000 hours per year or less and are not permitted to work more than 1000 hours in a year without the prior approval of the CEO.

### PERSONAL DATA

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_ Telephone: Home \_\_\_\_/\_\_\_\_  
Street City Zip Business \_\_\_\_/\_\_\_\_  
Are you 18 years of age, or over? Yes  No  Are you a veteran? Yes  No  Dates of military service: \_\_\_\_\_  
Are you authorized to work in the United States? Yes  No   
(If you are hired, you will be required to furnish proof of your employment eligibility.)  
Other names used during prior employment \_\_\_\_\_  
Maiden Name, Other Surnames, Etc.

### FURNISH THIS INFORMATION ONLY IF REQUESTED

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_ Class \_\_\_\_  
How many moving violations during the last 12 months \_\_\_\_\_ Do you currently have liability insurance? \_\_\_\_\_

### GENERAL

Applying for position as \_\_\_\_\_ Acceptable Salary Range \_\_\_\_\_  
 Full-time  Part-time  Temporary Notice Required \_\_\_\_\_  
At which YMCA Branch \_\_\_\_\_ Date available \_\_\_\_\_  
If applying for seasonal work, are you available to work during the school term? Yes  No   
Have you previously applied for employment for any YMCA? Yes  No  Worked for any YMCA? Yes  No   
If so, when? \_\_\_\_\_ Location \_\_\_\_\_  
How were you referred to the YMCA?  
 Employee  Advertisement  School  Drop in  Agency  Other  
Name of referral source indicated above \_\_\_\_\_  
Have you ever pleaded guilty to, or been convicted of, a criminal offense (see "Convictions," page 8)? Yes  No   
If yes, give dates and circumstances \_\_\_\_\_  
Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position?  
Yes  No  If yes, give dates and circumstances \_\_\_\_\_

# EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

List major duties performed in this position:

\_\_\_\_\_  
\_\_\_\_\_

Any supervisory experience? Yes  No  If yes, describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? Yes  No

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Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

List major duties performed in this position:

\_\_\_\_\_  
\_\_\_\_\_

Any supervisory experience? Yes  No  If yes, describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? Yes  No

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Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

List major duties performed in this position:

\_\_\_\_\_  
\_\_\_\_\_

Any supervisory experience? Yes  No  If yes, describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application? Yes  No

# SUPPLEMENT TO APPLICATION

COMPLETE IF APPLYING TO WORK WITH CHILDREN.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Why do you want to work with and care for children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With what age group or sex do you prefer to work? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other business or personal experiences or training have you had that may have prepared you for this position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe non-employment activities you have been engaged in that might strengthen your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any sports or hobbies in which you have participated (past and/or present): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other cities, counties and states where you have lived/worked:

City	County	State	Number of Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# PERSONAL REFERENCES \*

\* Not relatives or employers

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME, ADDRESS AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU


## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided 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 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 which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on the problem of child abuse.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician or registered nurse selected by the YMCA and until results of my driving record, my criminal history record, reference checks, and other documents required by law are completed, and until information given by me has been verified.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

**CONVICTIONS:** A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read the above statement and accept the same as a condition of my employment with the YMCA.

\_\_\_\_\_  
Signature of Applicant