



Armed Services YMCA
APPLICATION FOR EMPLOYMENT
(EQUAL OPPORTUNITY EMPLOYER)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This Association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name: Last First Middle Date:
Address: Street City State Zip Telephone: Home () Business ()
Are you authorized to work in the United States: Yes No
Social Security Number: email:
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 ASYMCA 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 at any ASYMCA/YMCA? Yes No
Have you worked for any ASYMCA/YMCA? Yes No
If so when? Location
How were you referred to the ASYMCA?
Employee Advertisement School Drop In Agency Other
Name of referral source indicated above
Have you ever pleaded guilty to, or been convicted of, a felony? 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, in 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

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? _____

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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

EDUCATION	PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	TYPE OF COURSE OR MAJOR	Year	Degree
			Graduated	Yes/No
High School				
College				
College				
Trade, Night				
Other				

Are you presently in school? Yes _____ No _____ If yes, give expected completion date _____
List courses you are taking :

If not a high school graduate, indicate highest grade completed _____

If not a high school graduate, have you earned a General Educational Development (GED) or high school equivalency? _____

SPECIAL SKILLS

Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought

List all current special licenses, permits, certifications and level or credited hours (CPR, Lifeguard & First Aid)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience.

PERSONAL REFERENCES

Name	Address	Telephone	Relationship	How Long Known
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*** One of the above must be a family member.**

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 ASYMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the ASYMCA (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. _____ **Initial**

In the event I am employed, I understand that all employees are subject to termination at the discretion of the ASYMCA. 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. _____ **Initial**

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

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

I authorize the ASYMCA 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. _____ **Initial**

I also understand that my employment may be conditional upon my satisfactorily passing a physical examination and /or drug screening, if requested, to be given by a physician or registered nurse or similar vendor selected by the ASYMCA, and until other

documents required by law are completed, and until information given by me has been verified. _____ **Initial**

I further understand that it is this ASYMCA's policy to secure conviction criminal history information as a part of the pre-employment screening process. I understand that the ASYMCA does not condone child abusers and explicitly give permission to the ASYMCA to investigate my background related to child abuse and criminal activity. _____ **Initial**

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. _____ **Initial**

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. _____ **Initial**

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

Signature of Applicant