

Wood River Community YMCA EMPLOYMENT APPLICATION



General Information

To fill form, open in Acrobat Reader, select Comments, select Add Text

Date _____

Name _____
Last
First
Middle

Phone Number _____ Email _____

Street Address _____
Street
City
State
Zip

Mailing Address _____
Street
City
State
Zip

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.

Are you at least 18 years old? Yes _____ No _____

Can you perform the essential functions of the position you are applying for? Yes _____ No _____

Have you ever pleaded guilty to, or been convicted of a felony or a sex crime? Yes _____ No _____

How many vehicular violations have you had during the last 12 months? _____

Do you currently have automobile liability insurance? Yes _____ No _____

Position Desired: _____ Date Available: _____

I will accept: regular employment temporary employment
 part-time employment summer employment

Please indicate the hours you are available to work during both days and evenings:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment History

List below your complete employment history, but do not provide dates of employment for jobs held more than five years ago. Attach additional pages or resume, if necessary or applicable.

Position/Title	Employer (address and supervisor's name)	Major duties performed	Start	End	Salary
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___				
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___		Start	End	Salary
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___				
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___		Start	End	Salary
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___				
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___		Start	End	Salary
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Phone: _____ May we contact? Yes ___ No ___				

Education History

Education	Name and Location of School	# of Years Attended	Major or Area of Study	Degree
High School				
College/University				
College/University				
Business/Trade				
Other Training or Education				

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?

Education and Training

Identify all current special licenses, permits or certifications (CPR, lifeguard, First Aid, etc.), which you currently hold:

Name of license/certification _____

License/certification number _____

Have your licenses/certifications ever lapsed? _____

If yes, state reason for lapse, revocation or suspension _____

_____ Date of reinstatement _____

Foreign languages _____ Spoken fluently? _____

In addition to your work history and educational experience, what other experiences, skills or qualifications do you have that would qualify you for this position?

Previous YMCA Experience

If you have worked for the YMCA before, state location, dates and position(s): _____

Have you ever applied to the YMCA before? If yes, where? _____

Do you have any relatives now employed by the YMCA? Yes ____ No ____ If yes, identify by name(s), position and location: _____

Do you have any relatives currently serving on the Wood River Community YMCA Board of Directors? Yes ____ No ____ If yes, identify by name(s), position and location: _____

References

	Name	Address	Phone	Business	Years known
Professional					
Professional					
Personal					
Relative					

Drug-Free Workplace

The YMCA is committed to maintaining a drug-free workplace to protect its employees, the youth, families and individuals served by the YMCA. Any use will not be tolerated.

STATEMENT OF APPLICANT

In the Wood River Community YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health. I full consent to and authorize all such inquiries.

In the event of my employment by the Wood River Community YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim any request or investigation is an invasion of my privacy since they are made with my consent and it is in my interest that I be considered for employment. I understand my continued employment is contingent upon a clean criminal history background check.

I understand that the agency may secure conviction criminal history information as a part of the employment screening process. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the YMCA does not condone child abusers and that the YMCA will be seeking information in my background related to child abuse.

Name _____
Last First Middle

Maiden name or names previously used _____

Birth date _____ Social Security # _____ Driver's License # _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or after employment, may be cause for termination with the Wood River Community YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as a YMCA employee, at all possible times I am to avoid being alone with a single child where other staff or adults cannot observe me.

I understand that the YMCA is committed to maintaining a drug-free workplace and will not tolerate any use. I also understand that I must report any work related performance issues that others are not following the drug free workplace policy.

I understand and agree that if I am employed there is no guarantee regarding duration - my employment will be strictly *employment at will* giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant Date

Wood River Community YMCA VOLUNTARY SELF-IDENTIFICATION INFORMATION



The Wood River Community YMCA is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an Equal Opportunity Employer, we comply with government regulations and affirmative action responsibilities. To help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information. This data is for analysis and affirmative action reporting only and submission is voluntary. This data will be kept confidential and will be separated from your Application for Employment.

POSITION APPLIED FOR _____

SEX: MALE _____ FEMALE _____

RACE/ETHNIC BACKGROUND:

WHITE _____ BLACK _____ HISPANIC _____

AMERICAN INDIAN _____ ASIAN/PACIFIC ISLANDER _____

VETERAN: YES _____ NO _____

According to the American with Disabilities Act, the term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of such an impairment of the individual, or being regarded as having such an impairment.

Please check all that apply:

_____ I am a person with a disability. _____ I am a disabled veteran.

How did you find out about this job?

q Employee/referral. If so, who? _____

q Advertisement. If so, where? _____

q National YMCA Vacancy List

q YMCA Website q Other: _____