



Franklin County Family YMCA

Application for Employment

**We build
strong kids,
strong families,
strong communities.**

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. Completed applications will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that a person meet all minimum qualifications required for the position. **THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY.**

PERSONAL DATA

Full Name:

Address City State Zip

Home Phone: Cell Phone:

Email address:

Are you 18 years or older? Yes No Are you legally eligible for employment in the United States? Yes No

Emergency Contact: Phone:

May we contact you at your present employer? Yes No Work Phone:

Have you ever pleaded guilty to, or been convicted of, a criminal offense? Yes No

If yes, give dates and circumstances:

A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances 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.

EMPLOYMENT DESIRED

Position Applying for: Acceptable Salary Range:

Are you currently on "lay-off" status subject to recall? Yes No

If applying for summer work, are you available to work during the school term? Yes No

If applying during the school year, are you available to work during the summer? Yes No

What date would you be available to begin work? _____

How many hours would you prefer to work each week: 5-10 11-15 16-20 21-30 31-40

List days of week and hours NOT available to work:

Why would you like to work at the YMCA?

What else would you like us to know about you?

What special skills and certifications do you have?

EDUCATION

Middle School Attended: From: To: Highest Grade Completed:

High School Attended: From: To: Highest Grade Completed:

College Attended: From: To: Highest Grade Completed:

PERSONAL REFERENCES Please list 3 personal references that are not relatives or employers

Name	Occupation	Home #	Work #	Known How Long

EMPLOYMENT HISTORY BEGINNING WITH YOUR MOST RECENT EMPLOYER

Employed From:	To:	Reason for Leaving:
Employer:	Phone #	
Employer Address:		
Name & Title of Immediate Supervisor:		
Starting Annual Salary or Hourly Wages:	Ending Annual Salary or Hourly Wages:	
List Major Duties:		
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 <input type="checkbox"/> No <input type="checkbox"/>		

Employed From:	To:	Reason for Leaving:
Employer:	Phone #	
Employer Address:		
Name & Title of Immediate Supervisor:		
Starting Annual Salary or Hourly Wages:	Ending Annual Salary or Hourly Wages:	
List Major Duties:		
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 <input type="checkbox"/> No <input type="checkbox"/>		

Employed From:	To:	Reason for Leaving:
Employer:	Phone #	
Employer Address:		
Name & Title of Immediate Supervisor:		
Starting Annual Salary or Hourly Wages:	Ending Annual Salary or Hourly Wages:	
List Major Duties:		
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 <input type="checkbox"/> No <input type="checkbox"/>		

Have you failed to be re-employed, ever been involuntarily discharged, fired, or asked to resign a position? Yes No
 If yes, give dates and circumstances:

Do you have any physical conditions or challenges, which would limit your ability to perform the duties of the position for which you are applying? Yes No If yes, please describe:

APPLICANT'S STATEMENT

I hereby certify that the information provided in 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 my misrepresentation or omission of a material fact on my application may be justification for refusal of employment. 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. In the event I am employed, I understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, and remains conditional until the results of 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, 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 understand that all employees are subject to termination at the discretion of the YMCA. 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 by the YMCA. I have read the above statement and accept the same as a condition of my employment with the YMCA.

Signature of Applicant _____ Date signed _____