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 race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, age, pregnancy, childbirth, medical conditions, military and veteran status, marital status, parenthood, physical and/or mental disability, genetic information, sexual orientation or any other characteristic protected by federal, state, or local law. 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: _____ Date:_____
Last First Middle

Address:_____ Telephone: Home ( )_____
Street City State Zip Business ( )_____

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.)

If applying for a position that requires driving as part of the job duties:

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 _____

Are you related to a current Armed Services YMCA employee? ☐ Yes ☐ No

If yes, please provide full names: _____

How were you referred to the ASYMCA?

☐ Employee ☐Advertisement ☐ School ☐ Drop In ☐ Agency ☐ Other

Name of referral source indicated above _____

Are you friends or do you know anyone that works for the Armed Services YMCA? □ Yes □ No

If yes, list them_____

Have you ever been involuntarily discharged, suspended, 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

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Current, or last employer _____ Employed from _____ to _____

Street Address _____ Salary (monthly) at start_____ to _____

City_____ State _____ Zip _____ Telephone _____

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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	Degree 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

* ***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. _____ **Initial**

I hereby authorize ASYMCA and its representatives to contact my prior employers and all others identified (with the exception of individuals and/or entities I have marked "No" in response to "May we contact?") for the purpose of verification of the information I have supplied. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide 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 of my employment, I will comply with all rules and regulations as set forth in 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, where permissible under applicable State and Local law. I have read, understand, and support the ASYMCA's position on the problem of child abuse. _____ **Initial**

I also understand, where permissible under applicable State and Local law, 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, where permissible under applicable State and Local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check._____ **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**

I understand employment with ASYMCA is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____**Initial**

I expressly understand and agree that, if employed, my employment, having no specified term, is based on mutual consent and may be terminated at will, with or without cause, by either party (ASYMCA or me) without prior notice to the other, unless otherwise prohibited by law. _____ Initial

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature of Applicant