



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GREENWOOD FAMILY YMCA APPLICATION for EMPLOYMENT

Date of Application _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Permanent Address

Street _____
City _____
State _____ Zip _____
Phone (____) _____

School Address

Street _____
City _____
State _____ Zip _____
Phone (____) _____

Social Security Number _____ - _____ - _____

Email Address: _____

Referred By _____

Do you have a current driver's license? _____ Have you ever had any traffic violations? _____

Have you ever been convicted of a felony? _____ If yes, list them: _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Do you have any previous experience at this job? _____

Are you employed now? _____ If so, may we inquire of your Present Employer? _____

Do you have any of the following certifications? Check those that you possess, list expirations date, and attach a photocopy of the certifications to this application.

| | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|
| _____ ARC or YMCA Lifesaving Expiration date _____ | _____ Cardiopulmonary Resuscitation (CPR) Expiration date _____ |
| _____ ARC of YMCA Water Safety Instructor Expiration date _____ | _____ Standard First Aid Expiration date _____ |
| _____ Commercial Driver's License Expiration date _____ | |

Have you ever applied to the YMCA before? _____ When? _____

Have you worked at this YMCA before? _____ When? _____

EDUCATION

Current school or University _____ Major _____ Graduation Year _____

High School: 10 11 12 College: 1 2 3 4 Grad School: 1 2 3
(Circle number indicating level of education at the close of the current academic year)

Did you graduate? _____ Your Present occupation: _____

List your extra curricular activities/honors (other than religious): _____

List any group leadership experiences: _____

PREVIOUS EMPLOYERS

Please list below your last four employers, starting with the most recent:

1. Dates (Month and Year) From _____ To _____ Position _____
Employer Name _____ Salary _____
Employer Address _____ Phone Number _____
Reason for Leaving _____

2. Dates (Month and Year) From _____ To _____ Position _____
Employer Name _____ Salary _____
Employer Address _____ Phone Number _____
Reason for Leaving _____

3. Dates (Month and Year) From _____ To _____ Position _____
Employer Name _____ Salary _____
Employer Address _____ Phone Number _____
Reason for Leaving _____

REFERENCES

Please list three people who can make a statement regarding your work experience, character, and ability. Include ONE relative. Please do not include fellow students. We must have an exact address including street and zip code.

1. Name: _____ Position _____
Address _____ Home Phone () _____
City _____ State _____ Zip _____ Work Phone () _____

2. Name: _____ Position _____
Address _____ Home Phone () _____
City _____ State _____ Zip _____ Work Phone () _____

3. Name: _____ Position _____
Address _____ Home Phone () _____
City _____ State _____ Zip _____ Work Phone () _____

PHYSICAL RECORD

Do you have any physical conditions which may limit your ability to perform the job applied for? _____

In case of emergency, Notify: _____
(Name) (Address) (Phone No.)

Why do you think you should be hired for this position you applied? _____

What are your strong points? _____

What are your weaknesses? _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. Further, I understand that I will be required to submit to, at the YMCA's expense, a drug test at any time during the employment process and that my employment or any offer of employment is contingent upon a successful completion of said test.

Date: _____ Signature: _____