



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PIEDMONT FAMILY YMCA EMPLOYMENT APPLICATION

The Piedmont Family YMCA is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service, or other characteristics protected by law.

Name _____ Date _____
 Last First Middle

Other names by which you have been known and applicable dates:

Position applied for: _____ Date available _____

Type of Employment Part-time Full-time Summer Availability (Days/Hours) _____

Present Address _____
 Street City State Zip Code How Long?

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Have you applied for employment or worked for any YMCA in the past? Yes No

If Yes: When, Association/Branch, Department(s) or Program, Supervisor? _____

Have you ever been enrolled in the YMCA Retirement Fund? If yes, identify the YMCA and when. Yes No

Are you legally authorized to be employed in the United States? Yes No

Per Federal Law, you will be required to verify your identity and your authorization or eligibility to be employed in the United States if you are offered employment.

Have you ever been **convicted** of a criminal offense (misdemeanors and/or felonies)? Yes No

If **yes**, provide nature of offense, date & punishment & status. _____

Convictions will be considered in relation to specific jobs and requirements. They do not automatically disqualify an applicant. Criminal background check will be completed prior to an offer of employment).

Employment requires Criminal Background Clearances. Is this acceptable to you? Yes No

Are you 18 years of age or older? (Requested for compliance to applicable state and federal laws) Yes No

If you are offered employment, proof of minimum age will be required.

If the position you are applying for requires you to drive, do you possess a valid driver's license? Yes No

Education

| Level | School with Address | Dates (Mo/Yr) From/To | Major Course of Study | Graduated Degree Earned |
|--------------------------------------|---------------------|--------------------------|--------------------------|---|
| High School/GED | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Grad. School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| Trade, Business Or Correspondence | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |



Employment History

List all work experience beginning with most recent and including any periods of self-employment.

1. Company Name _____ Employed From _____ To _____

Address _____
 Street City State Zip Code Phone

Position held _____ Type of Employment Part-time Full-time Temporary Rate
of Hourly Pay – Start _____ End _____ Annual Salary _____

Name and Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

2. Company Name _____ Employed From _____ To _____

Address _____
 Street City State Zip Code Phone

Position held _____ Type of Employment Part-time Full-time Temporary Rate
of Hourly Pay – Start _____ End _____ Annual Salary _____

Name and Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

3. Company Name _____ Employed From _____ To _____

Address _____
 Street City State Zip Code Phone

Position held _____ Type of Employment Part-time Full-time Temporary Rate
of Hourly Pay – Start _____ End _____ Annual Salary _____

Name and Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

If you do not have at least 5 years previous employment please explain _____

May we contact the employers listed above for references? Yes No

If yes, please sign the authorization which follows:

I hereby authorize _____, _____, & _____
 Employer Employer Employer

to release information from my personnel file to the appropriate YMCA unit executive in connection with this application for employment.

Signature of Applicant _____ Date _____



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Skills

Check computer proficiencies Word Excel Publisher Access Other _____

List all professional licenses, certifications, etc. along with date issued and name of the organization granting the license or certificate.

List any special skills, second languages, or other training you may have. _____

References

Include at least two direct supervisors or those who can comment on your work performance. You may include only unrelated personal references.

1. Name _____ Phone _____ Work Phone _____
Company _____ Title _____
Relation to Applicant _____ Length of Time Known _____

2. Name _____ Phone _____ Work Phone _____
Company _____ Title _____
Relation to Applicant _____ Length of Time Known _____

3. Name _____ Phone _____ Work Phone _____
Company _____ Title _____
Relation to Applicant _____ Length of Time Known _____

4. Name _____ Phone _____ Work Phone _____
Company _____ Title _____
Relation to Applicant _____ Length of Time Known _____

PLEASE READ CAREFULLY BEFORE SIGNING

1. I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA.
2. 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, previous employers, agencies and organizations from any and all liability which they might otherwise incur as a result.
3. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, sufficient cause for my dismissal without advance notice.
4. In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. I am free at any time to voluntarily terminate my employment. If I give proper notice of termination, the YMCA may either permit me to continue my employment during the notice period, or may accept my resignation immediately.
5. 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.
6. I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position
7. 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.

8. I understand that beginning and continuing employment at the YMCA may depend, in part, on the following:
Satisfying the YMCA's requirements concerning:
My driving record
My criminal history record
Reference checks, and
Documents required by law
9. I understand that as long as my employment with the YMCA lasts, the YMCA may repeat any or all of the above requirements at any time.
10. 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.

I have read, had the opportunity to ask questions, and understand the above statements and accept the same as a condition of my employment with the YMCA.

APPLICANTS SIGNATURE

DATE