

ST. JOSEPH FAMILY YMCA APPLICATION FOR EMPLOYMENT



Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on Page 4 of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences based upon non-job-related information. PLEASE COMPLETE THE ENTIRE APPLICATION IN INK.

Last Name	First	Middle	Branch	Today's Date
Street Address			Social Security Number	
City, State, Zip			When will you be able to begin work?	
Daytime Phone () ()		Evening Phone () ()		
Referral Sources: <input type="checkbox"/> Job Line <input type="checkbox"/> Walk In <input type="checkbox"/> Y Vacancy List			Pay expected? \$	
<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertisement (Which Publication) _____			Can you work (check all that apply) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
<input type="checkbox"/> Website <input type="checkbox"/> Other _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Type of Employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	

• Type of work desired: 1st Choice _____ 2nd Choice _____

Have you been employed by any YMCA? Yes No If yes, give YMCA name _____

Address _____ Dates of Employment _____

• Have you been convicted of a crime of child abuse or unlawful sexual behavior? Yes No
If Yes, explain _____

• Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest" Exclude minor traffic violations.) Yes No

• If hired, can you furnish proof you are eligible to work in the U.S? Yes No

IF AN EMPLOYEE IS FOUND TO HAVE A CRIMINAL RECORD, EMPLOYMENT MAY BE TERMINATED.

List any relatives employed by or on a Board/Committee at The St. Joseph Family YMCA?

Name	Relationship	Branch

Military Information (Please complete if you have ever been in the Military)

Branch: _____ Dates of Service: _____ Rank: _____

Current Status: _____ Reserve Status: Active Inactive None

Discharge Status: Honorable Dishonorable

Special military training, education and/or work experience relevant to the position which you have applied:

The YMCA of St. Joseph is an equal opportunity employer. In compliance with federal and state equal opportunity laws, all qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability or any other protected status stated in applicable federal or state laws.

Employment History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Company	Telephone ()
Address	Employment (MM/YY)
Name of Supervisor/Title	From To
State your job title and describe your work	Hourly Pay
Reason for leaving?	Start \$ End \$

Company	Telephone ()
Address	Employment (MM/YY)
Name of Supervisor/Title	From To
State your job title and describe your work	Hourly Pay
Reason for leaving?	Start \$ End \$

Company	Telephone ()
Address	Employment (MM/YY)
Name of Supervisor/Title	From To
State your job title and describe your work	Hourly Pay
Reason for leaving?	Start \$ End \$

Company	Telephone ()
Address	Employment (MM/YY)
Name of Supervisor/Title	From To
State your job title and describe your work	Hourly Pay
Reason for leaving?	Start \$ End \$

Certification and Skills

Type of License, Registration or Certification:

Number:

Issue Date:

Expiration Date

State Licensing Agency:

Education Name and Location of School	Major	No. of Years Completed	Dates Attended	Did you Graduate	Date Graduated	Type of Degree
College(s)						
High School						
Other						

Work References:

Name _____ Relationship _____
 Address _____ Occupation _____
 Time Known: _____ Daytime Phone _____
 May we contact him/her? Yes No Evening Phone _____

Work References:

Name _____ Relationship _____
 Address _____ Occupation _____
 Time Known: _____ Daytime Phone _____
 May we contact him/her? Yes No Evening Phone _____

Work References:

Name _____ Relationship _____
 Address _____ Occupation _____
 Time Known: _____ Daytime Phone _____
 May we contact him/her? Yes No Evening Phone _____

Personal References:

Name _____ Relationship _____
 Address _____ Occupation _____
 Time Known: _____ Daytime Phone _____
 May we contact him/her? Yes No Evening Phone _____

List Job Related Skills: _____

List Job Related Personal Achievements: _____

If two friends were describing you, what would they say? _____

What was the last book you read and who was the Author? And what did you like or dislike about it? _____

What steps would you take to make sure members feel they belong? _____

AFFIDAVIT, CONSENT & RELEASE (Please Read Each Statement Carefully Before Signing)

I hereby declare that all information provided by me in this Application for Employment or any attachments is true, correct and complete. I understand that any false information, misstatement or omission of fact on this application or attachments may disqualify me from further consideration for employment and may lead to immediate termination of employment if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I authorize you to obtain any background information including, but not limited to reference checks, criminal checks and motor vehicle information. These reports, if obtained, may include information as to my character, general reputation, abilities and other information.

I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decisions. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR/CEO OF THE ASSOCIATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR/CEO AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature, consent to these statements.

X Signature

Date