

Employer: _____ Dates: _____ STARTING _____ FINAL _____

Address: _____ Salary: _____ STARTING _____ FINAL _____

Job Title: _____ May we contact this employer: **YES** **NO**

Supervisor: _____ Phone #: _____ Work Performed: _____

Reason for Leaving: _____

APPLICANT’S CERTIFICATION & AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that this application is only valid for the position applied for at present and that the YMCA of the Shoals (“the Y”) is not obligated to retain or consider this application for future openings.

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from my further consideration of, or for dismissal from employment.

I authorize the Y to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party, with legal and proper interest.

I hereby consent to the taking of urine or blood samples by the Y, or its agents, to adhere to the Y’s drug free workplace policy and to the testing of such samples by any drug testing laboratory designated by the Y. I hereby further consent to the release of any test reports on such samples or other related medical information from the laboratory to the business office of the Y and to the use of all such reports or other information in the Y assessment of my employment application and /or employment status.

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 agree to conform to the rules and policies of the Y and understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the Y or myself. I understand that no representative of the Y has any authority to enter into any agreement for employment for any specified period of time, unless the agreement is in writing and signed by the Executive Director.

I consent to and authorize an investigation of my background including my employment history, educational history, criminal history and any other matters, which may be relevant to the consideration of employment of the Y. I hereby authorize any employers, educational institutions, licensing boards, and any other organizations and individuals to provide all information requested by the Y. I hereby release and discharge the Y and all organizations or individuals who supply information to the Y from any and all liability related to information requested or provided in connection with the Y’s consideration of my employment. The criminal history record, as received from the reporting agency, may include arrest and convictions. I understand that this information will be used, in part, to determine my eligibility for a position with the Y. I understand that I will have an opportunity to review any disqualifying criminal history and driving record and that a procedure is available for clarification, if I dispute the record as received.

I have read the above statements and accept the same as a condition of my employment with the YMCA of the Shoals.

SIGNATURE OF APPLICANT DATE

PRINT FULL NAME

Equal Employment Opportunity: It is a policy of the YMCA to implement the Equal Employment Opportunity Act for all employees and applicants for employment without regard to race, creed, religion, mental or physical disability, national origin, color, ancestry, sex, and age.

(Revised October, 2012)



DRUG-FREE WORKPLACE

APPLICATION FOR EMPLOYMENT YMCA OF THE SHOALS

DATE _____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE _____ ADVERTISEMENT _____ FRIEND _____ RELATIVE _____ OTHER: _____

BASIC INFORMATION

NAME _____ LAST _____ FIRST _____ MIDDLE _____

OTHER NAMES USED DURING PRIOR EMPLOYMENT _____ NICKNAMES, MAIDEN NAME, ETC.

STREET ADDRESS _____ APT. NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ ALTERNATE PHONE _____

E-MAIL _____

Please circle your answer below and fill in blanks when necessary.

Are you at least 18 years old? **YES** **NO**

Are you legally employable in the US? **YES** **NO**

Have you filed an application here before? **YES** **NO**

Have you ever been employed by the YMCA of the Shoals or any other Y before? **YES** **NO**

If you have filed an application for or been employed by the YMCA of the Shoals, provide location, department and dates:

Type of employment desired (please circle): **FULL-TIME** **PART-TIME** **SEASONAL**

List available days & hours:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Earliest available start date: _____

Provide hourly rate or annual salary desired: _____

Do any of your friends and relatives work in this organization? **YES** **NO**

If yes, list name(s): _____

Have you ever been convicted of a crime, pled no contest, had adjudication withheld, or are you the subject of pending charges? **YES** **NO**

Conviction of a crime will not necessarily disqualify you from employment. Factors such as age at the time of offense, type of offense, remoteness of the offense, and rehabilitation will be taken into account in determining effect on suitability for employment. Failure to disclose information, however, may disqualify you from further consideration.

If yes, please explain: _____

Have you ever been subject to a child or adult abuse investigation? **YES** **NO**

If yes, please provide date, charge and comment: _____

Can you perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR FIELD / COURSE OF STUDY	DATES ATTENDED	GRADES COMPLETED	DEGREE / CERT. EARNED
High School / GED					
College / University					
Vocational / Other					

Awards, scholarships, honors received: _____

SKILLS / CERTIFICATIONS / RELEVANT TRAINING

Please check all that apply.

Expiration Date: **Certifications:**

_____ Lifeguard _____ CPR _____ First Aid _____ Aerobics _____ Personal Training _____ Teaching

Other: _____

Describe any training or certifications relevant to the position for which you are applying: _____

REFERENCES

Please list three references that we can contact (one must be close relative).

NAME _____ RELATION _____

EMAIL _____ PHONE _____

NAME _____ RELATION _____

EMAIL _____ PHONE _____

NAME _____ RELATION _____

EMAIL _____ PHONE _____

EMPLOYMENT EXPERIENCE

List present & past employment beginning with most recent. Include military service assignments.

Check here if you have no previous employment experience.

Employer: _____

Dates: _____

STARTING FINAL

Address: _____

Job Title: _____

Salary: _____

STARTING FINAL

Supervisor: _____

May we contact this employer: **YES** **NO**

Phone #: _____

Work Performed: _____

Reason for Leaving: _____

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