

Date ___/___/___



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

EMPLOYMENT APPLICATION

RALPH J STOLLE COUNTRYSIDE YMCA

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home telephone No.	Cell Phone No.
Have you ever gone by any other name?		
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
EMAIL ADDRESS:		
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a misdemeanor, or a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: A conviction will not necessarily disqualify you, but will be discovered upon a background check if you are extended an offer of employment. A false answer to this question may result in termination of an employment offer.		
Are you able to perform the duties of the position to which you are applying? Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

EMPLOYMENT DESIRED

Position desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you be able to work the schedule described for the job that you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please describe how the organization could accommodate you:		
Have you ever applied to the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when & where?	Have you ever been employed by a YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when & where?	
How were you referred to the YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Number of Years Attended		Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Other					Overall College Scholastic Average
Additional Education, Vocational, Professional training licensing, or certification.					
Professional memberships (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.)					
<input type="checkbox"/> Computer Skills : Keyboarding WPM _____	Software Programs:		<input type="checkbox"/> Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:	Form :	to
List Special Training or Skills:		

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				Description of Duties	
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final			
Supervisor (Name & Title)					
Reason for Leaving					
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final			
Supervisor (Name & Title)					
Reason for Leaving					
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final			
Supervisor (Name & Title)					
Reason for Leaving					
Company Name		Phone No. ()	Dates of Employment From (Mo./Yr.) To (Mo./Yr.)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final			
Supervisor (Name & Title)					
Reason for Leaving					

REFERENCE DATA

(Adults provide 3 personal and 3 professional references; Minors only need to provide 4 references total. If there is no previous work history, only the personal reference section need be filled in)

PERSONAL REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone
1.			
2.			
3.			
4. (Minor)			

PROFESSIONAL REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone
1.			
2.			
3.			

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. I agree that Countryside YMCA shall not be held liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named in my application to give any information regarding my past employment, character or qualifications. I hereby release said companies, schools or persons from liability from any damage for issuing this information.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Ralph J. Stolle Countryside YMCA concerning the nature of my employment by the Organization. Furthermore, I understand that employment with Countryside YMCA is "Employment at Will". This means that employees may end their employment with the YMCA at anytime and that the YMCA may end employment with employees at any time, with or without cause. I understand that the YMCA has "zero tolerance" for Child Abuse or inappropriate behavior around children at any time. This document supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between the Organization and me. I understand and agree that, except as noted above, no person who is either an agent or employee of the Organization may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application