



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

Waynesboro Area YMCA

APPLICATION FOR EMPLOYMENT

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 YMCA 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 Phone No. ()	Cell/Daytime No. ()
Email:		Business No. ()
Address: Street Number and Name		Number of years at present address?
City, State, Zip Code		
Previous Address: Street Number and Name		Number of years at previous address:
City, State, Zip Code		
Can you, after employment, submit verification of your legal right to work in the United States? (example: social security card and drivers license or passport) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (By policy, anyone convicted of any sex-related or child abuse crimes may not be employed by the Waynesboro Area YMCA or become a member of the Waynesboro Area YMCA) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DESIRED

Position desired: _____	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Days/Times Available Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	
If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the Waynesboro Area YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?		
Have you ever been employed by the Waynesboro Area YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?		
How were you referred to the Waynesboro Area YMCA: <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Other (please specify below)		

EDUCATION AND TRAINING

School Name & Location 📍	Years Attended		Graduate? (Yes/No)	Degree	Total Hours
	From	To			
High School					
College/University					
College/University					
Highest Degree Earned (Select one only): High School Associate Bachelor Master Doctorate					Scholastic Average:
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills as well.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
Computer/Software Skills:					
Keyboarding _____ WPM _____ % Accuracy					
Other Special Skills:					

EMPLOYMENT DATA

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

REFERENCE DATA

PROFESSIONAL/PERSONAL REFERENCES WE MAY CONTACT

Name	Address	Phone	Relationship

PRE-EMPLOYMENT CERTIFICATION

I understand that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I understand that the YMCA will conduct a background check on me and that the results could be used to deny me employment if the results directly correlate to the responsibilities of the position I am applying for.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the Waynesboro Area YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA my computer as well as the storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the Waynesboro Area YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the Executive Director of the Waynesboro Area YMCA, no manager, supervisor or representative of the Waynesboro Area YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Executive Director of the Waynesboro Area YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Waynesboro Area YMCA.

Initial

By typing your name in the Applicant Signature line below you certify that you have read and understand the foregoing and to the best of your knowledge and belief, the information on this form is true and correct.

By typing your name in the Applicant Signature line below you also certify that you agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between you and the YMCA concerning the nature of your employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between you and the YMCA. You understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date

YMCA Mission: To put Christian principles – caring, honesty, respect, responsibility - into practice through programs that build healthy spirit, mind, and body for all.