



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

YMCA OF HAGERSTOWN 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 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 | | Phone # |
| ADDRESS: Street #, Name, City, State, Zip | | # of yrs. at present address |
| PREVIOUS ADDRESS: Street #, Name, City, State, Zip | | # of yrs. |
| Can you, after employment, submit verification of your legal right to work in the United States? <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? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (a conviction will not necessarily disqualify you) | | |
| Email Address: | | |
| Type of 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 | |
| Have you ever applied at the YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | |
| Have you ever been employed by the YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | |
| How were you referred to the YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (specify below) | | |
| Name of Employee: | | |
| U.S. MILITARY SERVICE DATA | | |
| Branch: | | |
| List Special Training or Skills: | | |

EDUCATION AND TRAINING

| SCHOOL NAME & LOCATION | Years Attended From To | Graduate? | Degree | Major |
|---|--|-----------|--------|-------|
| Elementary | | | | |
| High School | | | | |
| College/University | | | | |
| Highest Degree Earned: <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate Overall College 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.

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.

Typing _____ WPM Computer Skills Other machines requiring special skills

EMPLOYMENT DATA—List in order of most recent employment first

| | | | |
|---|------------------------------------|---------|--|
| Company Name Position | Address (street, city, state, zip) | Phone # | |
| Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Final Rate of Pay: _____ | | | |
| Supervisor (Name and Title) _____ | | | |
| Description of job duties you performed: | | | |

| | | | |
|---|------------------------------------|---------|--|
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| Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Final Rate of Pay: _____ | | | |
| Supervisor (Name and Title) _____ | | | |
| Description of job duties you performed: | | | |

| | | | |
|---|------------------------------------|---------|--|
| Company Name Position | Address (street, city, state, zip) | Phone # | |
| Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Final Rate of Pay: _____ | | | |
| Supervisor (Name and Title) _____ | | | |
| Description of job duties you performed: | | | |

MUST PROVIDE 3 REFERENCES—professional/personal references we may contact

| Name | Email | Phone# (including area code) |
|------|-------|------------------------------|
| | | |
| | | |
| | | |

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

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 Company to secure information about my experience with former employers, references, education institutions and agencies, and for those parties to provide information concerning my experience/character releasing all parties from any liability arising therefrom.

Initial

If employed by the Company I will abide by Company 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 Company'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 Company. 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 Company storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial

If I am employed by the Company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company no manager, supervisor or representative of the Company 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 President of the Company 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 Company.

Initial

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.

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 Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application