

Date _____

Referred by: _____

Stanly County Family YMCA General Employment Application

Name _____ Social Security #: _____
first middle int. last

Address: _____
street city state zip code

Home Phone: _____ Business Phone: _____

PLEASE CHECK DEPARTMENT FOR WHICH APPLICATION IS MADE:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Membership/Office |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Other _____ | |

PLEASE CHECK THE TYPE OF EMPLOYMENT YOU SEEK:

- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Seasonal |
|------------------------------------|------------------------------------|-----------------------------------|

List experience working with children:

What traits would you use to describe your character:

In what types of activities are you involved or enjoy doing:

How do you plan to use your talents to enhance the lives of children:

The mission of the YMCA is “to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all”. How does this mission apply to your life and how would you implement this in our daily programming?

Educational Background:

Name/Location	Year Graduated	Degree
High School		
College		
Business or Technical		
Other		

Employment Record:

Present or most recent employer: _____

Title/Duties: _____

Address: _____

Phone: (____) _____ street city state zip code
Supervisor: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

Previous employer: _____

Title/Duties: _____

Address: _____

Phone: (____) _____ street city state zip code
Supervisor: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

May we contact your previous/present employers? _____

References: *(please do not give names of family or spouses)*

Name Address Phone #

Name	Address	Phone #

Please initial if you are able to do the following:

*lift or carry up to 40 lbs. _____ *run/walk without aides _____

What date would you be available to begin work? _____

What hours and days are you available for part-time work? _____

Have you ever been convicted of a crime? _____ If yes, please explain in detail on separate sheet.

***YMCA standards require that employees in the child care department be at least 18 years old to work with a group without adult supervision. Are you at least 18 years of age? _____

I understand that my employment is contingent upon results of an initial drug test and/or other tests as warranted.

Signed _____ Date _____

I certify that the information contained in this application is correct to the best of my knowledge; that any omission or misstatement of information is ground for dismissal in accordance with YMCA policy. I authorize any references listed to give YMCA personnel any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Stanly County Family YMCA or my employment and compensation can be terminated with or without notice, at any time, at the option of either the YMCA or myself.

Signature _____ Date _____