

Hopkinsville Christian County Family YMCA
Employment Application

PLEASE READ CAREFULLY BEFORE SIGNING

Front desk use only: (circle area of interest) Desk / Childcare / Outreach Aquatics / Fitness / Sports Office / Concessions Summer Camp
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I hereby certify that the information provided on this form is accurate to the best of my knowledge and subject to verification by the Hopkinsville Christian County Family YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation may be justified for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to terminate my employment, I am free to do so at any time, and if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA 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.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on the problem of child abuse.

I understand that beginning and continuing employment with the YMCA depends, in part, on the following:

1. Passing a drug screen or physical examination, if requested by the YMCA, to be given by a doctor, nurse, or medical facility selected by the YMCA.
2. Satisfying the YMCA's requirements concerning:
 - A. My driving record
 - B. My criminal record
 - C. Reference checks, and
 - D. Documents required by law.

I understand that as long as my employment with the YMCA lasts, The YMCA may repeat any and all of the above requirements at any time.

I understand that completion of this application 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 have read the above statements and accept the same as a condition of my employment with the YMCA.

Signature of Applicant

Date

YMCA

Hopkinsville Christian County Family YMCA

Application for employment

(An Equal Opportunity Employer)

We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, disability, or any other legally protected status.

This application will remain active only until currently available positions to which the application relates have been filled.

Basic Information (Please print in ink.)

Position Applied for: _____ Date of Application: _____

How did you learn about us? (Please circle any that apply.)

Advertisement Friend Walk-In Relative Other

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Other Phone: _____

Social Security Number: _____ - _____ - _____

Salary requirements: _____ Date available: _____

Have you been convicted of a crime within the last 7 years? YES NO
(Conviction will not necessarily disqualify you from employment.)

If yes, please explain:

Are you lawfully authorized to work in the United States? YES NO

We are an at-will equal opportunity employer.

Employment History

Start with your present or most recent job and cover your last four jobs. Include any job-related military service assignments, summer and part time jobs.

Company: _____ City: _____ State: _____ Phone: _____

Date employed: From ___/___/___ to ___/___/___ Starting/Ending salary: \$ _____

Supervisor: _____ your duties: _____

Reason for Leaving: _____

Company: _____ City: _____ State: _____ Phone: _____

Date employed: From ___/___/___ to ___/___/___ Starting/Ending salary: \$ _____

Supervisor: _____ your duties: _____

Reason for Leaving: _____

Company: _____ City: _____ State: _____ Phone: _____

Date employed: From ___/___/___ to ___/___/___ Starting/Ending salary: \$ _____

Supervisor: _____ your duties: _____

Reason for Leaving: _____

Company: _____ City: _____ State: _____ Phone: _____

Date employed: From ___/___/___ to ___/___/___ Starting/Ending salary: \$ _____

Supervisor: _____ your duties: _____

Reason for Leaving: _____

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? YES NO

References: (not former Employers or relatives)

Name: _____ Address: _____ Day Phone: _____

Name: _____ Address: _____ Day Phone: _____

Name: _____ Address: _____ Day Phone: _____

