



# WILLIAMS YMCA OF AVERY COUNTY

## Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Hours	Desired Pay	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you previously worked for any YMCA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you ever failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position? YES  NO

<b>DISCLAIMER AND SIGNATURE</b>
<p>This association is an Equal Opportunity Employer and does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying. Applications will remain active for 30 days after the completion date.</p> <p>In the YMCA of Avery County's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, and character and I fully consent to and authorize all such inquiries.</p> <p>In the event of my employment by the YMCA of Avery County, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.</p> <p>I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or after employment may be cause for termination of employment with the YMCA. Unless reported on a separate sheet attached, this application may be taken as a representation by me that I have never been physically or sexually abusive to any child, and know of no reason why I may constitute a threat to act in any such conduct.</p> <p>I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as a YMCA employee or volunteer, YMCA policy discourages fraternizing with YMCA youth members or participants outside of YMCA programs, especially baby-sitting or inviting children to my home.</p> <p>I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.</p> <p>I hereby acknowledge that I have read and understand the above statement and that I voluntarily sign this application.</p>
<p>Signature _____ Date _____</p>