

Education History

Education	Name & Location of School	Major or Area of Study	Degree
High School			
College/University			
College/University			
Other Training or Education			

Education & Training

Identify all licenses or certifications that you currently hold:

(license/certification, issuer, expiration date)

In addition to your work history & educational experiences, what other experiences, skills or qualifications do you have that would qualify you for this position? _____

References *(please include one relative)*

Name	Address	Phone	Business	Years known

Employment History

Position/Title	Employer (<i>address & supervisor's name</i>)	Responsibilities/Skills	Start/End Date
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: (____) _____</p> <p>May we contact?</p> <p>____ Yes ____ No</p>		Reason for leaving:
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: (____) _____</p> <p>May we contact?</p> <p>____ Yes ____ No</p>		Reason for leaving:
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: (____) _____</p> <p>May we contact?</p> <p>____ Yes ____ No</p>		Reason for leaving:

Emergency Contact

Person(s) to contact in case of emergency.

Name(s) _____

Address _____

Phone Home _____ Work _____ Cell _____

Applicant Statement

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of the facts may result in dismissal. Further, I understand and agree that my employment is for no definite period, and may, regardless of the day of payment of my wages and salary, be terminated at any time, with or without cause, and with or without prior notice.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration from employment on a basis prohibited by applicable local or state federal law.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and the Federal Immigration Laws require me to complete an I-9 Form in this regard.

Employment with the YMCA will be contingent on satisfactory clearance of criminal history records of conviction. A conviction does not serve as an automatic bar to employment.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Signature

Date



We Build
Strong Kids, Strong Families
Strong Communities

YMCA Office Use

Reference Check

1. Name _____ Date _____

Contact ___ Phone ___ Letter ___ Email

Company Name _____

In what capacity did you work with _____?

What were the dates of employment? _____

What duties did the individual perform? _____

How was his/her attendance? _____

Would you rehire this individual? Yes No _____

Other Questions/Comments _____

2. Name _____ Date _____

Contact ___ Phone ___ Letter ___ Email

Company Name _____

In what capacity did you work with _____?

What were the dates of employment? _____

What duties did the individual perform? _____

How was his/her attendance? _____

Would you rehire this individual? Yes No _____

Other Questions/Comments _____

3. Name _____ Date _____

Contact ___ Phone ___ Letter ___ Email

Company Name _____

In what capacity did you work with _____?

What were the dates of employment? _____

What duties did the individual perform? _____

How was his/her attendance? _____

Would you rehire this individual? Yes No _____

Other Questions/Comments _____

