



HOPKINS COUNTY FAMILY YMCA
Application for Employment
 (equal opportunity employer)

(PLEASE PRINT)

Personal Data

Name _____ Date _____
Last First Middle

Current Address: _____
Street City State Zip Code

Last Previous Address: _____
Street City State Zip Code

Home Phone: () _____ Other Phone: () _____

Circle position(s) applying for:

Front Desk Building Monitor Babysitter Lifeguard Swim Instructor Other: _____

Date available to begin work _____ Schedule Preference: Full-time Part-time Either

Rate of pay expected _____ Evening Weekend Combination

Are you 18 years of age, or over? YES NO Are you authorized to work in the United States? YES NO

Other names used during prior employment _____

Have you ever been accused of or convicted of a criminal offense? YES NO If yes, give dates and circumstance _____

Education

	Name, City, and State	Dates	Type of Course or Major	Graduated?	Degree Received
High School		From _____			
		To _____			
College		From _____			
		To _____			
College		From _____			
		To _____			
Other		From _____			
		To _____			

Are you presently in school? YES NO If yes, give expected completion _____

If not a high school graduate, indicate highest grade completed _____

If not a high school graduate, have you earned a GED or high school equivalency? YES NO

Special Skills

List all current licenses, permits, or certifications you hold (CPR, Lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any volunteer work, other experience, interest, training, or honors, received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought. _____

Employment

List all positions you have held, beginning with your most recent.
Include self-employment and volunteer work.

Current, or last, employer _____ Employed from _____ to _____

Street Address _____ Salary at start _____ end _____

City _____ State _____ Zip _____ Telephone (____) _____

Your Title _____ Name of your direct supervisor _____

Briefly describe your responsibilities _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? YES NO

Next previous employer _____ Employed from _____ to _____

Street Address _____ Salary at start _____ end _____

City _____ State _____ Zip _____ Telephone (____) _____

Your Title _____ Name of your direct supervisor _____

Briefly describe your responsibilities _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? YES NO

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Next previous employer _____ Employed from _____ to _____

Street Address _____ Salary at start _____ end _____

City _____ State _____ Zip _____ Telephone (____) _____

Your Title _____ Name of your direct supervisor _____

Briefly describe your responsibilities _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? YES NO

Personal References (Not Employers)

List four references. Must include one relative.

Name and Address	Firm Name/address, if applicable	Phone Numbers	Know in what capacity? (friend, pastor, etc.)	How long known?

List below the names of relatives, friends, or acquaintances employed by this YMCA and their relationship to you.

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Please read and sign below

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the school, 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. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

I also 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 understand that beginning and continuing employment at the YMCA depends, in part, on satisfying the YMCA's requirements concerning:

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- A. My driving record
 - B. My criminal history record,
 - C. Reference checks, and
 - D. Documents required by law.
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I understand the completion of this form 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
