

# **Employment Application**

STRENGTHENING THE FOUNDATION OF OUR COMMUNITY

#### Thank you for your interest in the YMCA of Central Florida!

The YMCA of Central Florida is an equal opportunity employer. We do not discriminate in the recruitment, hiring or conditions of employment on the basis of race, color, religion, national origin, citizenship status, sex, marital status, disability, age or veteran status or any other status protected by law.

If you would like to join our team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

## Personal Information

Position applying for:	Date of Application:		
Preferred Family Center Location(s):	Date Available:		
Name:			
Address:			
City/State/Zip:			
Home Phone: Cell/Bu	isiness Phone:		
Email Address:			
Are you 18 years of age or older? (If not, you may be required to	provide authorization to work)	🗌 Yes	🗌 No
If hired, can you provide verification of your legal right to work in	the United States?	🗌 Yes	□No
Can you perform the essential functions of the job for which you a reasonable accommodation?	re applying, with or without	🗌 Yes	□No
Have you ever been discharged or asked to resign from a previous circumstances.	s job? If yes, give dates and	🗌 Yes	🗌 No
Have you ever been subject to a child or adult abuse investigation charge and general comment.	? If yes, please provide a date,	🗌 Yes	🗌 No
Have you ever been convicted of a crime, pled no contest, or had please provide a date, charge and general comment. (A convictior employment. The Company may consider the nature, date and cir offense is relevant to the duties of the position applied for.)	will not necessarily bar	Yes	□ No

Employmen	t Informatio	n					
List available da	ys/hours:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Fric	lay	Saturday
				Preferred Job Stat	us:	Full tin	ne 🗌 Part time
What is your desi	red salary range?			per 🗌 Hour 🗌 Y	ear 🗌	Seasor	nal 🗌 As Needed
If you are a stude the school year?	ent applying for se	easonal work, will	you be availab	e during		Yes	🗌 No
Are you willing to	work a split shift	?				Yes	🗌 No
Have you previou If yes, when? at which locations		d by the YMCA of	Central Florida	or any other YMCA	\?	Yes	🗌 No
Do you have any or any other YMC If yes, Name(s) a Relationship:	A?	y working for the	Central Florida	YMCA		Yes	□ No
How did you hear	about the Centra	al Florida YMCA?		YMCA Staff Ref	erral		A Member
Name of referral	source:			School		Adv	ertisement
				Walk-In		Othe	er
				YMCA Website			

# Education & Training

Educational Ba	ckground				
	Name of School	City, State	Diploma Awarded	Degree	Major
☐ High School ☐ GED			☐ Yes ☐ No ☐ In Progress		
College			☐ Yes ☐ No ☐ In Progress		
Graduate School			☐ Yes ☐ No ☐ In Progress		
Vocational/ Other			☐ Yes ☐ No ☐ In Progress		
Describe any non application.		rience such as school	or volunteer activitie	es that migh	it strengthen your
Type (CPR, First	Aid CDA etc.)	Provider	Level		Expiration
	$\Lambda u, ODA, etc.)$		LEVEI		

**Employment History** 

List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.

Employer	Telephone	<u>Dates Employed</u> From:	Summarize the nature of the work performed and job responsibilities.
Address		To:	
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Ending Hourly Rate/Salary	
May we contact this employer?	Yes 🗌 No	\$ per	
Employer	Telephone	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Address		To:	
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Ending Hourly Rate/Salary	
May we contact this employer?	Yes 🗌 No	\$ per	
Employer	Telephone	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Address		To:	
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Ending Hourly Rate/Salary	
May we contact this employer?	Yes 🗌 No	\$ per	
Employer	Telephone	Dates Employed From:	Summarize the nature of the work performed and job responsibilities.
Address		To:	
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor and Title		\$ per	
Reason for Leaving		Ending Hourly Rate/Salary	
May we contact this employer?	Yes 🗌 No	\$ per	
Please explain any gaps in your emplo	oyment history.		
What other business experience, pers this position?	onal experience, o	or training have you had th	nat may have prepared you for

**Personal References** 

Name:	Position:		ears nown:
Address:	City:	State:	Zip:
Phone # : ( )	Alternate # :	()	
Name:	Position:		ears nown:
Address:	City:	State:	Zip:
<sup>-</sup> hone #: <u>(</u> )	Alternate # :	()	
Jame:	Position:		ears nown:
Address:	City:	State:	Zip:
Phone # : <u>( )</u>	Alternate # :	( )	

### Application Acknowledgement and Authorization

Please read all statements and sign below:

I authorize both the YMCA of Central Florida and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply.

I understand that submission of an application does not guarantee employment. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself. I understand that if hired as a result of this employment application, my employment may be discontinued with or without cause at either the Company's option or my option, and that employment with the Company is considered "at-will". I agree that my employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. This constitutes my entire agreement with the Company during my employment. If employed, I agree to conform to the rules, regulations and policies of the Company at all times.

I understand that any offer of employment is contingent upon successful completion of both a urinalysis drug screen and criminal history background check. I give my consent to both screening devices. I understand that should I refuse to participate, I will not be considered for employment. I further understand that at any time during my employment, I may be required to take a drug screen if management reasonably suspects a condition exists that will prevent me from performing my job in a safe manner.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States.

I acknowledge that I have read the above statements and understand them. I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said document (and any other document submitted such as a resume) will be cause for denial of employment or termination of employment regardless of the timing or circumstances of discovery.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

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