



101 YMCA Way, Covington, VA 24426
P: 540.962.9622; F: 540.862.8675
www.alleganyhighlandsymca.org

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Drug Free Workplace

Please Read Before Completing This Application

This association 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 questions on this application are intended 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, nor does it mean you will be granted an interview. All applications are kept on file for 1 year. Should a position become available you may called for an interview. Applications after 1 year will be purged. You may reapply at anytime.

PERSONAL DATA (Please Print):

DATE OF APPLICATION: ____ / ____ / ____

Last Name _____ **First Name** _____ **Middle** _____

Mailing Address _____ **City** _____

State _____ **Zip Code** _____ **Telephone** _____

Position(s) Applied For _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

What hours and days are you available? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have adequate transportation to and from work?

Have you ever been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

EDUCATION

	Elementary	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Year Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application.				

EMPLOYMENT EXPERIENCE:

List present and past employment, beginning with your most recent. Include any job-related military service assignments and volunteers services.

Most Recent

Employer	Length of service (from mo/yr to mo/yr)	Work Performed
Address	Hourly Rate/Salary	
Telephone Number	Starting:	
Job Title	Final:	
Reason for Leaving	Supervisor	

Second Most Recent

Employer	Length of service (from mo/yr to mo/yr)	Work Performed
Address	Hourly Rate/Salary	
Telephone Number	Starting:	
Job Title	Final:	
Reason for Leaving	Supervisor	

Third Most Recent

Employer	Length of service (from mo/yr to mo/yr)	Work Performed
Address	Hourly Rate/Salary	
Telephone Number	Starting:	
Job Title	Final:	
Reason for Leaving	Supervisor	

If you need additional space, continue on a separate sheet of paper.

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

Read Before Signing

We appreciate your interest in a position with the Alleghany Highlands YMCA. If you have questions making the following statements, please ask for an explanation.

STATEMENT OF APPLICANT

In the Alleghany Highlands YMCA's efforts to attract the highest quality staff, I am hereby 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, character and health. I fully consent to, and authorize all such inquires, and hereby release such schools, employers, agencies and organizations from any liability, which might otherwise incur as a result.

In the event of my employment by the Alleghany Highlands YMCA, 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. I understand that my continued employment is contingent upon my statement of current health and a clean criminal history background check.

I understand that it is this agency's policy to secure conviction criminal history information as a part of the pre-employment screening process. I have provided the following information for the sole purpose of obtaining a conviction-only criminal history file search. I understand the Alleghany Highlands YMCA does not condone child abusers and that the Alleghany Highlands YMCA will be seeking information in my background related to child abuse.

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 can be cause for termination of employment with the YMCA.

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, I am discouraged from fraternizing with YMCA youth members or participants outside of YMDA programs, especially babysitting or inviting children to my home.

I understand and agree that if I am employed there is no contract period for employment. 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.

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. I understand a condition of my continued employment will be my compliance with the YMCA Drug Free Workplace policy.

I hereby acknowledge that I have read and understand the above statement and that I voluntarily sign this application.

Signature of Applicant

Date

Revised December 26, 2011

<p>Date Application was received:</p> <p>____/____/____</p>
