



MANATEE COUNTY YMCA APPLICATION FOR EMPLOYMENT

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law. The mission of the YMCA is:

“To put Christian principles into practice through programs that build healthy spirit, mind and body for all.”

To help us learn about your experience, abilities, and interests, please complete this Application for Employment completely. Be sure to write legibly, do not leave any spaces blank or write “see resume” in response to any question. Read and sign page six (6) of the application.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home Phone No.	Cell Phone No.
ADDRESS: Street Number (name) , City, State, Zip Code	Number of years at current address?	
If at Current address less than five (5) years; List <u>all</u> previous addresses within the last 5 years Street Number (name), City, State, Zip Code	Number of years at previous address:	
Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you now or in the future require sponsorship to an employment visa status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had adjudication withheld, or received a suspended sentence (regardless of the ultimate adjudication) for a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide details as to each legal proceeding. (A criminal history will not necessarily be a bar to employment. Factors such as nature of offense, date of offense, age of offender at time of offense, and the like, will be taken into consideration.		
Have you ever been sued for causing the death of or injury to any person (e.g., for assault, battery, false imprisonment, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state the date and place of the lawsuit(s), the court it was filed in and how it was resolved.		
TODAY'S DATE:		E-MAIL ADDRESS:

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

EMPLOYMENT DESIRED

POSITION Applying For:	Date Available	Salary desired
Preferred YMCA Location:		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Preferred Job Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> As Needed		
What hours are you available to work? (check all that apply) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
Have you ever applied at the Manatee County YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you been previously employed by this YMCA or any other YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When? Where?	
How were you referred to the Manatee County YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> YMCA Website <input type="checkbox"/> Other (please specify below) (Please identify source below)		
_____ Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours
	From	To			
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned (Check one number only): <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate					Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office-Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST - Required even if resume is attached				OFFICE USE ONLY
Company Name		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		Phone Number		
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		Reason for Leaving:		
Description of Job Duties: (If no employment history, please include volunteer work)				
Company Name		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		Phone Number		
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		Reason for Leaving:		
Description of Job Duties:				
Company Name		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		Phone Number		
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		Reason for Leaving:		
Description of Job Duties:				
Company Name		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		Phone Number		
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		Reason for Leaving:		
Description of Job Duties:				

REFERENCE DATA

PROFESSIONAL/PERSONAL REFERENCES WE MAY CONTACT (One must be a family member)

Name	Address & Phone Number	Relationship

REFERENCE CHECKS

Reference Check Claim-Waiver Form

To the prospective employee; please read this document carefully. If you agree to the statement, terms, and condition set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification of Accuracy of Statements Made in Employment Application:

I hereby certify that the information provided in my employment application dated _____ and any resume or other materials submitted by me in connection with my effort to obtain employment with the Manatee County YMCA is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with the Manatee County YMCA, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment-related Information

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application and any resume or other materials submitted by me in connection with my effort to obtain employment with the Manatee County YMCA. I expressly authorize you to contact all listed past employers in my application and any resume or other materials submitted by me to provide the Manatee County YMCA with any information requested that may be relevant and useful to the Manatee County YMCA in making a hiring decision. **I expressly release such persons, or entities from any and all legal liability for making disclosure of any information about me, which is permitted, by law to release.**

Initials _____

C. Contact with Current Employer:

I DO / DO NOT authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____

Date: _____ Signature: _____

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Manatee County YMCA is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Manatee County YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the Manatee County YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license and provide evidence of personal auto insurance with the state mandated limits if my position requires me to drive in the course of my work. I authorize Manatee County YMCA to obtain a legal history of my driving record.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Manatee County YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Manatee County YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Manatee County YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the Manatee County YMCA without prior notice to me.

Initial

If I am employed by the Manatee County YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Manatee County YMCA or myself.

Initial

If I am offered employment by the Manatee County YMCA I understand and agree that I will provide bank information for direct deposit of my payroll check within (7) days of date of hire.

Initial

I authorize Manatee County YMCA to conduct a background investigation including, but not limited to the following: national criminal file, multi-state sex offender search, and county criminal search. I recognize that the results of this background investigation may be used to determine my employment or continued employment.

Initial

Should I become employed, as a condition of my employment, I agree to waive my right to a trial by jury in any action or proceeding involving any claim, whether statutory or at common law, related to or arising out of my employment or the termination of my employment, including claims of discrimination. I understand that I am waiving my right to a jury trial voluntarily and knowingly and free from duress or coercion. I understand that I have the right to consult with a person of my choosing, including an attorney, before signing this document.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Manatee County YMCA concerning the nature of my employment, if any, by the Manatee County YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Manatee County YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Manatee County YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

CERTIFICATIONS

(Please check those currently held AND include expiration date beneath)

CPR FIRST AID YMCA LIFEGUARD JUNIOR LIFEGUARD

10 HR BEHAVIORAL OBSERVATION & SCREENING CERTIFICATION

20 HR INTRO TO CHILD CARE CERTIFICATION

10 HR SPECIALTY COURSE CERTIFICATION; SPECIFY: _____

PLEASE LIST OTHER CERTIFICATIONS YOU BELIEVE WOULD BE OF BENEFIT TO YOUR POSITION AT THE MANATEE COUNTY YMCA: _____

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date
