

Anderson Area YMCA EMPLOYMENT APPLICATION

Name: _____ (Last) _____ (First) _____ (Middle)

Current Address: _____

City: _____, State: _____ Zip Code: _____

Phone Number: _____ DATE OF BIRTH (optional) _____

Position Applying For: _____

Education:

High School: _____ City: _____

State: _____ Courses of Study: _____ Date of Graduation: _____

College: _____ City: _____, State: _____

Major: _____ Years Completed: _____ Date of Graduation: _____

Other Training/Certification: (example: CPR, Lifesaving, AFAA, GED)

Course: _____ Date: _____

Course: _____ Date: _____

Course: _____ Date: _____

Course: _____ Date: _____

Previous Employers: (List the last three employers starting with the most recent)

Company: _____ Company: _____ Company: _____

Position: _____ Position: _____ Position: _____

Date: _____ Date: _____ Date: _____
of Employment of Employment of Employment

Supervisor: _____ Supervisor: _____ Supervisor: _____

Phone #: _____ Phone #: _____ Phone #: _____

Reason _____ Reason _____ Reason _____
for leaving for leaving for leaving

Have you ever been convicted of a Felony? Yes _____ No _____
If so, Date: _____ Charge: _____ City: _____ State: _____

NOTE: The YMCA is a smoke free environment. Smoking on YMCA property is not allowed.

Personal References: Do not include relatives.

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Interest Statement:

In this section, please write a statement as to why you want to work for the YMCA.

“ I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that falsification of the application in any detail is grounds disqualification from further consideration of/or for dismissal from employment. I hereby authorize the YMCA to contact my previous employers and my personal references and I understand that the YMCA may choose to do a background investigation which may involve contacting some or all of the following sources. Criminal Court Clerk, Department of Human Services and any relevant state bureau. I hereby authorize all of these sources to release information about me, and I understand that the YMCA may contact sources not listed herein”.

“I agree to conform to the rules and policies of the YMCA and understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the YMCA or myself. I understand that no representative of the YMCA has any authority to enter into writing and signed by the President or Vice-President of Operations”.

Date: _____ Signature: _____

The mission of the Anderson Area YMCA is to put Christian principles into practice through programs and activities that develop the spirit, mind and body of youth, adults and families in Anderson and its surrounding communities.

Equal Employment Opportunity. It is a policy of the YMCA to implement the Equal Employment Opportunity Act for all employees and applicants for employment without regard to race, creed, religion, mental or physical disability, national origin, color, ancestry, sex and age.