



ANDERSON AREA YMCA EMPLOYMENT APPLICATION

Name _____
LAST FIRST MIDDLE

Current Address _____

City: _____ State _____ Zip Code _____ Phone Number _____

Date of Birth (Optional) _____ Email Address _____

POSITION APPLYING FOR _____

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Education:

High School _____ City _____ State _____ Date of Graduation _____

College _____ City _____ State _____

Major _____ Yrs. Completed _____ Date of Graduation _____

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

Course _____ Date _____

Course _____ Date _____

Course _____ Date _____

Course _____ Date _____

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

Company _____ Company _____ Company _____

Position _____ Position _____ Position _____

Dates _____ Dates _____ Dates _____
of Employment of Employment of Employment

Supervisor _____ Supervisor _____ Supervisor _____

Phone # _____ Phone # _____ Phone # _____

Reason _____ Reason _____ Reason _____
For Leaving For Leaving For Leaving

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Have you ever been convicted of a Felon? Yes _____ No _____

If yes, Date _____ Charge _____ City _____ State _____

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

PERSONAL REFERENCES. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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INTEREST STATEMENT:

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

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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 for 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 any agreement for employment for any specified period of time, unless the agreement is in writing and signed by the CEO.

Signature _____ ***Date*** _____

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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 or age.