



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Highlands County Family YMCA Employment Application Justin K. Ward Aquatic Center

We are an Equal opportunity employer. Application for all job opening are welcome and will be considered without regard to race, color, religion, national origin, sex age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn your experience, abilities, and interest, please complete the application for employment as thoroughly as possible.

PERSONAL INFORMATION

Name: (PRINT) _____		Social Security _____	
Address _____			
		(Number and Street) (City, State, Zip)	
Home Phone: _____		Cell Phone: _____	
Position Applying for: _____			
Can you, after employment, submit verification of your legal right to work in the United States?			
Yes... <input type="checkbox"/>		No <input type="checkbox"/>	
Are you over 18? If hired, do you have a reliable means of transportation to get to work?			
Yes..... <input type="checkbox"/>		...No <input type="checkbox"/>	
Have you ever been convicted of a felony or for child abuse or sex- related crimes			
If yes, please explain (A conviction will not necessarily disqualify you)			
Yes... <input type="checkbox"/>		No <input type="checkbox"/>	
Is there any task you would need accommodation to perform? If yes, please explain:			
Yes..... <input type="checkbox"/>		No <input type="checkbox"/>	

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary Desired
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Hours of operation Monday – Thursday 5:00am - 9:00pm, Friday 5: am-8:00pm Saturday 8:00am- 5:00pm Sunday 11:00am- 5:00pm. Please list the days and times you would be able/ willing to work.		
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____		
Have you ever applied at this YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____		
Have you ever been employed by this YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____		
How were you referred to the Highlands County Family YMCA:		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) _____ Name of Employee: _____		

EDUCATION AND TRAINING

School Name& Location	Year Attended	Graduate?	What Degree	Major Subject
	From To	(yes/no)		
High School				
College/ University				
College/ University				
Highest Degree Earned (circle only one) _____ High School _____ Associate _____ Bachelor _____ Master _____ Doctorate _____				
Please list any additional education or training:				
Professional memberships, Certificates, or Licenses held:				
Typing _____ WPM	Computer Skills (list)		Other Machines (specify)	

U.S. Military Service Data

Branch:
List special training or skills:

EMPLOYMENT HISTORY

<i>PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST</i>		
Company Name: Phone No.	Dates of Employment	Rate of Pay
Address (street, city, state, zip)	Job Title	Supervisor
Description of Job Duties		
Company Name: Phone No.	Dates of Employment	Rate of Pay
Address (street, city, state, zip)	Job Title	Supervisor
Description of Job Duties		
Company Name: Phone No.	Dates of Employment	Rate of Pay
Address (street, city, state, zip)	Job Title	Supervisor
Description of Job Duties		
Company Name: Phone No.	Dates of Employment	Rate of Pay
Address (street, city, state, zip)	Job Title	Supervisor
Description of Job Duties		

PRE-EMPLOYMENT CERTIFICATION I understand that this application is only for the position applied for at present and the Highlands County Family 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 company 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 there from. Initial _____

If employed by the Highlands County Family YMCA I will abide by company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work. Initial _____

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

I agree to submit to legally permissible drug and/or alcohol testing upon request by the 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 YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice. Initial _____

If I am employed by the 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 YMCA or myself. I understand that, the Executive Director, manager, or supervisor of the YMCA has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only those listed above have the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the mat will employment relationship, this constituted the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA. Initial _____

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

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPARTMENT USE ONLY

Interviewer' Signature

Date