



YMCA of the Sandhills Employment Application

The YMCA is committed to put Christian principles into practice through programs that build spirit, mind, and body for all people in our community.

Applicant Information:

Last Name:

First Name:

Middle Initial:

Street Address:

City/State/Zip:

Phone:

() -

Email:

Are you 18 or older?

If no, please provide DOB:

___ YES ___ NO

___ / ___ / ___

Availability (Days/Times):

Have you worked for a YMCA previously?

___ YES ___ NO

Have you ever been convicted of any criminal offense?

If yes, please describe in full:

___ YES ___ NO

Education:

School	Name of School and Location	No. of Years Completed	Did you Graduate?	Degree or Major
High School				
College				
Other (Vocational, Technical)				

Military:

Complete this section if you served in the United States Armed Forces

Describe duties and any special training: _____

Branch of Service:

Period of Active Duty: (Month/Year)

From:

To:

Rank at Discharge: _____ Type of Discharge: _____ If other than honorable, attach letter of explanation



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Skills: Certifications, Licenses, and Specialized Skills (List only if related to job. Provide expiration dates)

Certificates:	Skills/Licenses:	Office/Software:
CPR/First Aid:	1.	Office Skills:
Lifeguarding:	2.	Typing: _____ WPM
Fitness:	3.	Software: (Please list)
Instructor Certifications:	4.	Office Machines: (Please list)

Employment:

1	Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.
Company:	Telephone: () -
Address/City/State/Zip:	Employed: (Month & Year) From: To:
Name & Title of Supervisor:	Reason for Leaving:
Describe Work:	Job Title:
2	Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.
Company:	Telephone: () -
Address/City/State/Zip:	Employed: (Month & Year) From: To:
Name & Title of Supervisor:	Reason for Leaving:
Describe Work:	Job Title:



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Volunteer: Volunteer work/membership in professional or civic organization related to this position.

(Exclude, if you wish, those which may disclose your race, color, creed, religion, sex, marital status, national origin, ancestry, or age)

1. Organization: _____

Duties: _____

Length of Affiliation: _____

2. Organization: _____

Duties: _____

Length of Affiliation: _____

References: List names of those able to give references

1. Name: _____

Company/Organization: _____

Phone: () - -

Relationship to You: _____

2. Name: _____

Company/Organization: _____

Phone: () - -

Relationship to You: _____

3. Name: _____

Company/Organization: _____

Phone: () - -

Relationship to You: _____

Disclaimer and Signature:

I certify that my application is complete and accurate.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that the YMCA of the Sandhills is a drug free workplace and I may be required to submit to a pre-employment drug screening. If offered employment, I understand I must provide proof of my identity and legal right to work in the U.S. in compliance with the Immigration Reform and Control Act of 1986.

I understand that if an offer of employment is made, employment is seasonal. The YMCA of the Sandhills is an at-will employer and that either the YMCA or I may terminate the relationship at any time with or without cause or notice.

I further understand that, if I am employed, I am required to abide by all policies and procedures of YMCA of the Sandhills.

Applicant's Signature: _____

Date: _____