



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Scott County Family YMCA Employment Application

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

How did you learn about us?

- | | |
|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk-In _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? Yes No

EMPLOYMENT DESIRED

Position Desired: _____ Date you can start: _____

Desired wage: _____ Are you employed now? Yes No

May we contact your current employer? Yes No

Can you work evening and/or weekend shifts? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Have you ever applied or worked for the YMCA before? Yes No

Where? _____ When? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the past 7 years? Yes No

EDUCATION

School Name and Location	Number of Years Attended	Did you graduate?	Degree or Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate/ Technical Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/ Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any foreign languages that you can speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT HISTORY

Please list current and/or former jobs from present to last. Include and job-related military service and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status:

Employer	Dates Employed	Work Performed
Address		
Telephone Number	Hourly Rate/ Salary	
Job Title	Supervisor	
Reason For Leaving		

May we contact the previously listed employer? Yes No

Employer		Dates Employed		Work Performed
Address				
Telephone Number		Hourly Rate/ Salary		
Job Title	Supervisor			
Reason For Leaving				

May we contact the previously listed employer? Yes No

Employer		Dates Employed		Work Performed
Address				
Telephone Number		Hourly Rate/ Salary		
Job Title	Supervisor			
Reason For Leaving				

May we contact the previously listed employer? Yes No

Employer		Dates Employed		Work Performed
Address				
Telephone Number		Hourly Rate/ Salary		
Job Title	Supervisor			
Reason For Leaving				

May we contact the previously listed employer? Yes No

REFERENCES

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

PRE-EMPLOYMENT CERTIFICATION

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

Initial

I authorize investigation of all statements 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 for consideration. I authorize the Scott County Family YMCA to secure information concerning 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 Scott County Family YMCA I will abide by Scott County Family YMCA 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 that I may be required to undergo physical examination at the Scott County Family 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 Scott County Family 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 Scott County Family YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial

If I am employed by the Scott County Family 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 Scott County Family YMCA or myself. I understand that, other than the C.E.O. of the Scott County Family YMCA no manager, supervisor, or representative of the Scott County Family YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Scott County Family 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 the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application