



Date: _____

Referred by: _____

Stanly County Family YMCA Employment Application

Name _____ Social Security #: _____
first middle int. last

Address: _____
street city state zip code

Home Phone: _____ Cell Phone _____ Business Phone: _____

Email: _____ Employment Desired: Full time Part time

Have you ever worked at this or any other YMCA?

yes (branch , position, dates) _____

no

PLEASE CHECK DEPARTMENT FOR WHICH APPLICATION IS MADE:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Family Services | <input type="checkbox"/> Fitness | <input type="checkbox"/> Membership/Office |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Minnie's Place/High 5 | <input type="checkbox"/> Fitness Floor Attendant | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Swim Instructor | <input type="checkbox"/> Youth Department | <input type="checkbox"/> Group Exercise Instructor | <input type="checkbox"/> Housekeeping |
| | <input type="checkbox"/> Afterschool Program
Site: _____ | <input type="checkbox"/> H2O Exercise Instructor | |
| | <input type="checkbox"/> Summer Camp
Site: _____ | | |

Please list special skills/qualifications/certifications you have related to the position for which you are applying.

What traits would you use to describe your character?

The mission of the YMCA is "To put Christian Principles into practice through programs that build a healthy spirit, mind and body for all". What does this mean to you?

Educational Background:

Name/Location	Year Graduated	Degree
High School		
College		
Business or Technical		
Other		

Employment Record:

Present or most recent employer: _____

Title/Duties: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

Previous employer: _____

Title/Duties: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

May we contact your previous/present employers? _____

References: *(Please include one family member other than a spouse)*

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please initial if you are able to do the following:

*lift or carry up to 40 lbs. ____ *run/walk without aides ____

What date would you be available to begin work? _____

What hours and days are you available for part-time work? _____

Have you ever been convicted of a crime? _____ If yes, please explain in detail on separate sheet.

***YMCA standards require that employees in the child care department be at least 18 years old to work with a group without adult supervision. Are you at least 18 years of age? _____

I understand that my employment is contingent upon results of an initial and random drug test and/or other tests as warranted.	
Signed _____	Date _____

<p>I certify that the information contained in this application is correct to the best of my knowledge; that any omission or misstatement of information is ground for dismissal in accordance with YMCA policy. I authorize any references listed to give YMCA personnel any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Stanly County Family YMCA or my employment and compensation can be terminated with or without notice, at any time, at the option of either the YMCA or myself.</p>

Signature _____ Date _____

For Childcare applicants only:

List experience working with children:

Do you have leadership experiences? Please elaborate:

In what types of activities are you involved or enjoy doing:

The mission of the YMCA is "to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all". How does this mission apply to your life and how would you implement this in our daily programming?

For Aquatic Applicants only:

Please check certifications that apply to the employment you seek.

- | | |
|---|------------------------|
| <input type="checkbox"/> Lifeguard/First Aid | Expiration Date: _____ |
| <input type="checkbox"/> CPR for the Professional Rescuer | Expiration Date: _____ |
| <input type="checkbox"/> AED | Expiration Date: _____ |
| <input type="checkbox"/> WSI | Expiration Date: _____ |
| <input type="checkbox"/> Bloodborne Pathogen | Expiration Date: _____ |