

RETURN TO BRANCH:

# MONTGOMERY YMCA APPLICATION FOR EMPLOYMENT

## YMCA Mission

To put Christian principles into practice through programs that build a healthy body, mind and spirit for all.

## Equal Opportunity Employer

The YMCA offers equal employment opportunities to all persons without regard to race, color, religion, creed, age, marital or veterans' status, gender, national origin, disability or any other legally protected status.

### PERSONAL INFORMATION

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\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Date of Application

\_\_\_\_\_  
Current Address                      City                      State                      Zip Code

\_\_\_\_\_  
Permanent Address                      City                      State                      Zip Code

( ) \_\_\_\_\_                      ( ) \_\_\_\_\_                      ( ) \_\_\_\_\_  
Home Phone                      Business Phone                      Cell Phone

( ) \_\_\_\_\_                      \_\_\_\_\_  
Pager                      E-mail Address

Are you under 18 years of age?  Yes  No

If you are under the age of 16, you will be required to furnish a certificate of eligibility to work.

Do you have a valid driver's license?  Yes  No

Do you have automobile insurance?  Yes  No

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### EMPLOYMENT INTEREST

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\_\_\_\_\_  
Position Desired                      Branch                      Salary/Wages Desired

\_\_\_\_\_  
Date Available to Start Work                      Hours and Days Available                      Time Period Available (e.g. summer)

Have you previously been employed by the YMCA?  Yes  No    If yes, where and when: \_\_\_\_\_

How did you learn of this opportunity? \_\_\_\_\_

Why do you want to work at the YMCA? \_\_\_\_\_

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**EDUCATION AND TRAINING**

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School Attended	City, State	Major	Year Graduated	Degree Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**EMPLOYMENT HISTORY (please list most recent employer first)**

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Company Name	Phone Number	Dates of Employment	
Company Address	City	State	Zip Code
Supervisor's Name and Title	Job Title		
Description of Work	Reason for Leaving		

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Supervisor's Name and Title	Job Title		
Description of Work	Reason for Leaving		

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**CERTIFICATIONS AND RELATED WORK EXPERIENCE**

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Certificate	Expiration Date	Certifying Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may be requested by the YMCA to provide proof of your certifications.

Please list any other work experience that you have gained which you consider relevant to this application.

\_\_\_\_\_  
\_\_\_\_\_

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**EXTRA-CURRICULAR ACTIVITIES, HONORS AND ACHIEVEMENTS**

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Please list any extra-curricular activities in which you participate that you consider relevant to this application.

\_\_\_\_\_  
\_\_\_\_\_

Please list any honors or achievements that you consider relevant to this application.

\_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES (please list five references who have known you at least five years – two may be relatives)**

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Name	Phone Number	Relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**OTHER INFORMATION**

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Have you ever been convicted of a crime except a minor traffic violation?  Yes  No

If yes, state the reason(s) and date(s): \_\_\_\_\_  
(Previous convictions do not necessarily disqualify an applicant from employment.)

Have you ever been discharged or requested to resign from a position?  Yes  No

If yes, state the circumstances: \_\_\_\_\_

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**APPLICANT'S AGREEMENT AND CERTIFICATION**  
**(please read carefully and sign)**

I certify that the information provided in this application for employment is true and complete in all respects, and I understand that any false or misleading information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date. I understand that the YMCA may investigate my work and personal history and verify all information provided on this application, related papers and interviews. I authorize any person, school, current employer, past employer(s) and organizations named in this application to provide the YMCA with any information and opinion requested in connection with my application for employment, and I release all such persons from any liability or damages on account of having furnished such information or opinion.

I understand that the YMCA reserves the right to conduct criminal history investigations to determine my qualifications for employment. I hereby authorize the YMCA to perform such investigations into my criminal history.

I understand that the YMCA may require me to take a physical examination in order to determine if I am physically able to perform the physical requirements of the position for which I am applying. I also understand the YMCA may require me to take one or more drug tests as a prerequisite to employment or as a condition to continued employment. I hereby consent to such examinations and tests, and authorize the YMCA to conduct such examinations and tests, either prior to commencement of employment or after I have become employed, as the YMCA deems necessary.

I understand that nothing contained in this application for employment creates an employment contract between the YMCA and me. No promises regarding employment have been made to me.

I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted YMCA policies and procedures. I also understand and agree that, if hired, either I or the YMCA may terminate my employment with or without cause and with or without prior notice, at any time for any reason.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_