

# Nishna Valley Family YMCA

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

How Did You Learn About Us?

- Advertisement       Friend       Walk-In  
 Employment Agency       Relative       Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address:    Number    Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Numbers:    Cell Phone \_\_\_\_\_

Secondary contact Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Yes     No

IF NO : Please list your age \_\_\_\_\_

Can you provide required proof of your eligibility to work?  Yes     No

Have you ever filed an application with us before? \_\_\_\_\_

Yes     No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_

Yes     No

If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Yes     No

May we contact your present employer? \_\_\_\_\_

Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes     No

On what date would you be available to start? \_\_\_\_\_

What is your desired schedule?     Full Time     Part Time     Shift Work     Temporary

How many hours can you work weekly? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

Yes     No

Can you travel if a job requires it? \_\_\_\_\_

Yes     No

What are your desired wages? \_\_\_\_\_

Have you been convicted of a felony within the last 7 years or been convicted of any crime, including sex-related or child-abuse-related offenses?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

## Education

	Name and Address Of School	Course of Study	Years Completed	Date Completed	Diploma Degree
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

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

Fluent

Good

Fair

Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Telephone ( )	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary	
Supervisor		Starting	
Reason for Leaving		Final	

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Job Title		Hourly Rate/Salary	
Supervisor		Starting	
Reason for Leaving		Final	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status:*

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## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Specialized Skills

### Check Skills / equipment Operated

PC	Production / Mobile	
Windows	Machinery (list):	Other (list):
Spreadsheet	_____	_____
Word Processing	_____	_____
Telephone	_____	_____
Database	_____	_____
Typing _____ wpm		
Specialized software used	_____	

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? \_\_\_\_\_ yes \_\_\_\_\_ no

### References:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Position and/or working relationship to applicant \_\_\_\_\_
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Position and/or working relationship to applicant \_\_\_\_\_
3. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Position and/or working relationship to applicant \_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview                      Yes                      No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer                      Date

Employed      Yes                      No                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_      Hourly Rate/ \_\_\_\_\_      Department \_\_\_\_\_  
Salary

By \_\_\_\_\_  
Name and Title                      Date

Notes \_\_\_\_\_

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