

SOUTH SOUND YMCA
APPLICATION FOR EMPLOYMENT
An Equal Opportunity/Affirmative Action Employer

Qualified candidates are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, disability, or other protected status. The South Sound YMCA is committed to comply with all applicable equal opportunity laws. Please contact the Payroll Department at (360) 753-6576 should you need assistance with the application process.

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Last Name	First	Middle	Today's Date:
Street Address:			Home Phone: () -
City/State/Zip:			Business Message Phone: () -
Have you ever been employed by the YMCA? Yes () No () From: To: Location:			Social Security Number:
Position Desired:			Are you legally eligible for employment in the U.S.? Yes () No ()
List relatives working for the YMCA to avoid potential conflicts in placement:			Referred by (newspaper, agency, employee, etc.)?
Are you able to work: Full Time () Part Time () Substitute/On-Call () Specify preferred days and hours:			When will you be available to begin work?
Have you been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record) or released from prison in the past seven years. Yes () No ()			
If Yes, describe in full. (A conviction record will not necessarily bar you from employment.)			

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SCHOOL	NAME & LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA/MAJOR
High School			Yes () No ()	
College			Yes () No ()	
Other (Vocational, Technical, etc.)			Yes () No ()	

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COMPLETE THIS SECTION IF YOU SERVED IN THE UNITED STATES ARMED FORCES	
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING:	BRANCH OF SERVICE:
	PERIOD OF ACTIVITY (MONTH & YEAR): FROM: TO:
	RANK AT DISCHARGE:

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CERTIFICATIONS, LICENSES & SPECIALIZED SKILLS (List only if related to job. Provide expiration dates, if any.)		
Certificates:	YMCA Certificates:	Office Skills:
First Aid:		Typing: _____ WPM
CPR:		10-Key:
WSI:		Software (please list):
Advanced Life Saving:		
Professional Licenses:		Other Office Machines:

EMPLOYMENT		Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer.
1	Company:	Telephone: () -
	Address: City/State/Zip	Employed (month & year): From: To:
	Name and Title of Supervisor:	Salary: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving: May we contact? Yes () No ()
2	Company:	Telephone: () -
	Address: City/State/Zip	Employed (month & year): From: To:
	Name and Title of Supervisor:	Salary: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving: May we contact? Yes () No ()
3	Company:	Telephone: () -
	Address: City/State/Zip	Employed (month & year): From: To:
	Name and Title of Supervisor:	Salary: Start: Last:
	State Job Title and Describe Your Work:	Reason for Leaving: May we contact? Yes () No ()

V O L U N T E E R	VOLUNTEER WORK/MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS RELATED TO THIS POSITION. (Exclude, if you wish, those that may disclose your race, color, religion or national origin.)

R E F E R E N C E S	LIST TWO PROFESSIONAL REFERENCES (Professional references are considered to be someone who has previously supervised you in an employment/volunteer situation) AND ONE CHARACTER REFERENCE.			
	NAME	ADDRESS/CITY/STATE/ZIP	PHONE	OCCUPATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application, or dismissal if employed. I authorize and release any and all former employers, supervisors and any other persons to furnish the YMCA with information concerning my work performance, skills, abilities and character.

I understand that if an offer of employment is made, employment is conditional based upon the results of background investigation(s) conducted by the YMCA, and the state if employed in a DSHS licensed program. Background investigations include completion of criminal conviction and abuse/exploitation disclosure(s) and related records check(s). Additionally, previous work experience, academic history, certifications, professional licenses, etc. may be verified. Thumb printing at hire is required of all employees. If employed, I agree that employment at the YMCA is at-will and that either the YMCA or I may terminate the relationship at any time with or without cause or notice. This at-will employment relationship can only be altered in writing signed by the CEO and me.

If employed, I understand that I must furnish proof of my identity and legal right to work in the U.S. in compliance with the Immigration Reform and Control Act of 1986, and that the South Sound YMCA requires a copy of my social security card.

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

APPLICANT'S SIGNATURE

DATE