



Danville Family YMCA

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: Home/Cell Email

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Emergency Contact: _____ Phone: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked or applied at the Danville Family YMCA? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Availability

	Mornings	Afternoon	Evenings	Nights	Holidays	Unavailable
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Education

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

References

Please list three professional references not related to you, whom you have known at least one (1) year.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Most Recent First)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

It is the policy and practice of the Danville Family YMCA to recruit, hire, and promote qualified applicants without regard to their race, color, religion, sex, age, national, origin, disability, marital status or other areas covered by Federal, State or local fair employment laws and regulations.

This application will be given every consideration but its receipt does not imply that the applicant will be employed. In processing this employment application, the Danville Family YMCA may request that an investigative consumer report be prepared, which may include a request to a credit bureau as well as information as to the applicant's character, general reputation and personal characteristics. The applicant has the right to request that the Danville Family YMCA completely and accurately disclose to the applicant the nature and scope of the investigation requested. Such a request must be made in writing to the personnel division within a reasonable time after completing this application.

In the event of my employment to a position with the Danville Family YMCA, I will comply with all rules and regulations as set forth in its policy handbook or other communications distributed to all employees. Further, I understand that regardless of the date of payment of my wages or salary, my employment can be terminated at any time without notice or cause. I understand that this application is not a contract of employment. I understand that such employment is, insofar as permitted by the Rehabilitation Act of 1973 and the Americans With Disabilities Act, conditioned upon favorable health evidence which may include a physical examination and a blood or urine test by a physician selected by the YMCA to which I hereby assent. I agree that the examining physician may disclose the findings to the Danville Family YMCA, or an authorized agent of the Danville Family YMCA. I authorize any agent or hospital to release any information which may be necessary to determine my ability to perform the essential duties of a job for which I am being considered prior to employment or in the future during my employment with the Danville Family YMCA

I authorize the Danville Family YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I certify that all statements made on this application are true and complete to the best of my knowledge and that I have withheld no information that would, if disclosed, affect this application unfavorably. I understand that any false statements, or insufficient disclosure on this application is grounds for refusal to hire, or grounds to discharge if hired.

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 must reapply for employment.

I hereby acknowledge that I have read and understand the above statement.

Applicant
Signature: _____ Date: _____

For Personnel Department Use Only

Arrange Interview: YES NO

Interviewed by: _____

Comments: _____

Employed: YES NO Date of Employment: _____

Job Title: _____ Hourly / Salary: \$ _____

Department: _____

By: _____ Date: _____