

# ATHENS YMCA EMPLOYMENT APPLICATION

NAME (LAST)		(FIRST)		(MIDDLE)	
LOCAL ADDRESS			CITY	STATE	ZIP
PERMANENT OR PARENTS ADDRESS					
PHONE NUMBER ( )			SS#		
POSITION APPLYING FOR:			DRIVERS LICENSE#		
EDUCATION:					
HIGH SCHOOL			COLLEGE		
CITY	STATE		CITY	STATE	
DATE OF GRADUATION			DATE OF GRADUATION		
COLLEGE			YRS COMPLETED FR. SOPH. JR. SR.	DEGREE EARNED	
MAJOR			MINOR(S)		
OTHER TRAINING/CERTIFICATION: (EXAMPLE: CPR, LIFESAVING, AFAA)					
COURSE			DATE		
PREVIOUS EMPLOYERS: (List the last three employers starting with the most recent)					
COMPANY		COMPANY		COMPANY	
POSITION		POSITION		POSITION	
DATES OF EMPLOYMENT FROM TO		DATES OF EMPLOYMENT FROM TO		DATES OF EMPLOYMENT FROM TO	
SUPERVISOR		SUPERVISOR		SUPERVISOR	
PHONE NUMBER		PHONE NUMBER		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING		REASON FOR LEAVING	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO, DATE: CHARGE: CITY:					

**PERSONAL REFERENCES:** (Do not include relatives)

Name	Address	Phone Number
1.		
2.		
3.		

**INTEREST STATEMENT:**

In this section please write a brief statement as to why you want to work for the YMCA.


“I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration and/or for dismissal from employment. I hereby authorize the YMCA to contact my previous employers and my personal references and I understand the YMCA may choose to do background investigation which may involve contacting some or all of the following sources:  
Criminal Court Clerk, Department of Human Services, and any relevant state bureau. I hereby authorize all of these sources to release information about me, and I understand that the YMCA may contact sources not listed herein.

I agree to conform to the rules and policies of the YCMA and understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either the YMCA or myself. I understand that no representative of the YCMA has any authority to enter into any agreement for employment for any specified period of time, unless the agreement is in writing and signed by the Executive Director.”

Date \_\_\_\_\_ Signature \_\_\_\_\_

Equal Employment Opportunity: It is a policy of the YMCA to implement the Equal Opportunity Act for all employees and applicants for employment without regard to race, creed, religion, mental or physical disability, national origin, color, ancestry, sex and age.

# Athens YMCA

## Employee Reference Check

### **PROFESSIONAL/EMPLOYER REFERENCES:**

Name of Applicant: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

*References must be verified PRIOR to hiring prospective employee, please include comments.*

<b>Name</b>	<b>Phone #1:</b>
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<b>Comments:</b> _____ _____ _____ _____ _____
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<b>Years Known:</b>	<b>Phone #2:</b>
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<b>Name</b>	<b>Phone #1:</b>
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<b>Years Known:</b>	<b>Phone #2:</b>
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<b>Comments:</b> _____ _____ _____ _____ _____
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<b>Name:</b>	<b>Phone #1:</b>
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<b>Years Known:</b>	<b>Phone #2:</b>
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<b>Comments:</b> _____ _____ _____ _____ _____
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# Athens YMCA

## Employee Reference Check

### PERSONAL REFERENCES:

Name of Applicant: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

*References must be verified PRIOR to hiring prospective employee, please include comments.*

<b>Name</b>	<b>Phone #1:</b>
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<b>Comments:</b> _____ _____ _____ _____ _____
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<b>Years Known:</b>	<b>Phone #2:</b>
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<b>Name</b>	<b>Phone #1:</b>
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<b>Years Known:</b>	<b>Phone #2:</b>
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<b>Comments:</b> _____ _____ _____ _____ _____
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<b>Name:</b>	<b>Phone #1:</b>
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<b>Years Known:</b>	<b>Phone #2:</b>
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<b>Comments:</b> _____ _____ _____ _____ _____
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