

# YMCA of Superior California

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

DATE: \_\_\_/\_\_\_/\_\_\_ Position(s) you are applying for \_\_\_\_\_

APPLICANTS NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

\_\_\_\_\_  
 Driver's License Number State Expiration Date

*The U.S. Department of Justice Immigration and Naturalization Services have issued a very clear employment verification process. I understand and agree that if I am hired, I will provide necessary and acceptable documents verifying employment eligibility, or receipts of applications for such documents*

### LIST PRESENT & PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT POSTION

Company name, city, state & type of business	From/To	Job duties	Last hourly rate	Reason for Leaving	Supervisor name & phone

Company name, city, state & type of business	From/To	Job duties	Last hourly rate	Reason for Leaving	Supervisor name & phone

Company name, city, state & type of business	From/To	Job duties	Last hourly rate	Reason for Leaving	Supervisor name & phone

References:

Name	Address	Phone	Relationship

Education:

	Name/City/State	Course of study	Year completed	Graduate?	Diploma/ Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATIONS**

Are you currently certified in any of the following? If so, please list the expiration date(s).  
 CPR \_\_\_ CPR-PR \_\_\_ First Aid \_\_\_ Lifeguard \_\_\_ AED \_\_\_ Oxy Admin \_\_\_  
 WSI \_\_\_ CDL \_\_\_

Have you ever participated in the YMCA Retirement Fund?  Yes  No Have you previously worked for the YMCA of Superior California?  Yes  No

The facts set forth in my application for employment are true and complete.

I understand that if employed, false information on this form or failure to disclose material facts will be considered grounds for discharge.

I understand that in the event of employment, my employment shall be for no specified term and may be terminated at the will of the YMCA or myself at any time.

I further understand that, if employed, I am required to abide by all established polices and procedures of the YMCA of Superior California.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

It is our association's policy to provide equal employment opportunity to all persons regardless of age, sex, race, color, religion or national origin. Your assistance in voluntarily completing this portion of your application will provide us the information needed to comply with federal record keeping and reporting requirements.

- Male       Female
- Caucasian       Black/African American       Hispanic or Latino       Asian
- American Indian or Alaska Native       Native Hawaiian or other Pacific Islander
- Two or more races

*YMCA of Superior California*  
APPLICANT RELEASE FORM

**PLEASE READ BEFORE SIGNING**

We appreciate your interest in a position with the YMCA of Superior California. If you have questions about making the following statement, please ask the interviewer to explain.

Statement of Applicant

In the YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA of Superior California, an extensive inquiry will be made concerning my prior employment, activities, character and health (where required by law), criminal background check and I fully consent to and authorize all such inquiries.

In the event of my employment by the YMCA of Superior California, I will comply with all policies set forth in the Handbook for Employees and with other policies established from time to time by the organization. I understand that my employment is contingent upon receipt of a report of a current physical examination if required by law, made of me by a licensed physician showing me to be in good physical health and free of contagious diseases. Additionally, I authorize the YMCA of Superior California to request my employment record from any former employer(s). I further understand that inquiries may be made by the YMCA, or their representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude me from being considered for employment or, after employment, would be cause for termination of employment with the YMCA of Superior California.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely and "employment at will" giving either me or the YMCA of Superior California the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS APPLICATION.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant