



GENEVA FAMILY YMCA EMPLOYMENT APPLICATION

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of your employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

GENERAL INFORMATION

Name:			
Home Address:			
City:	State:	Zip:	Phone Number:
Email Address:			

WORK PREFERENCE

Are you legally eligible for employment in the U.S.A.? ☐ Yes ☐ No

Are you 18 years or older? ☐ Yes ☐ No

Desired position(s) _____

Rate of pay expected \$ _____/ hourly

Are you employed now? ☐ Yes ☐ No If so, may we inquire of your present employer? ☐ Yes ☐ No

Would you work ☐ full-time or ☐ part-time?

Specify days and hours available if part-time: _____

Were you previously employed by us? ☐ Yes ☐ No

If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Have you had any criminal convictions? ☐ Yes ☐ No A "Yes" answer will not necessarily disqualify you from consideration.

Please state why you feel you are qualified for this position _____

Americans with Disabilities Act Clarification

With or without reasonable accommodation, can you perform the essential job functions for the position you have applied for? ☐ Yes ☐ No

EDUCATION

All educational accomplishments that you wish to be considered should be listed here.

High School:	Address:	Dates Attended:	Degree Granted:
College:	Address:	Dates Attended:	Degree Granted:
Other: (Specify)	Address:	Dates Attended:	Degree Granted:

MILITARY SERVICE

Branch: _____ Years Served: _____ Rank: _____

EMPLOYMENT HISTORY**Begin with your present or last job.** Include any military service and volunteer activities.

(Exclude groups which indicate race, color, religion, sex, age, national origin or other protected group.)

Employer 1	Dates Employed		Job Duties
	From	To	
Address			
Job Title	Hourly Rate/ Salary		Reason for Leaving
	Starting	Final	
Immediate Supervisor			
Employer 2	Dates Employed		Job Duties
	From	To	
Address			
Job Title	Hourly Rate/ Salary		Reason for Leaving
	Starting	Final	
Immediate Supervisor			
Employer 3	Dates Employed		Job Duties
	From	To	
Address			
Job Title	Hourly Rate/ Salary		Reason for Leaving
	Starting	Final	
Immediate Supervisor			
Employer 4	Dates Employed		Job Duties
	From	To	
Address			
Job Title	Hourly Rate/ Salary		Reason for Leaving
	Starting	Final	
Immediate Supervisor			

REFERENCES

Give the names of three persons not related to you whom you have known at least one year

Name:	Address & Phone:	Occupation	Years Known
Name:	Address & Phone:	Occupation	Years Known
Name:	Address & Phone:	Occupation	Years Known

PLEASE READ AND SIGN BELOW

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE _____ DATE _____

For Office Use

Starting Date _____ / _____ / _____ Rate of Pay _____ Hours/Week _____