

Application for Employment YMCA of Central Virginia

AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

DATE OF APPLICATION: _____

What position are you applying for: _____

NAME: _____

ADDRESS: _____

LAST	FIRST	MIDDLE
Number	Street	City
		State
		Zip

TELEPHONE: (____) _____

Are you 18 years or older? Yes No

Are you 21 or older? Yes No

Have you ever filed an application here before? Yes No - If yes, give date _____

Have you ever been employed here before? Yes No - If yes, give date _____

Do you have any relatives already employed by the YMCA? Yes No - If yes, give names _____

Are you authorized to work in the United States? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work? Full-time Part-time
Temporary Evenings Weekends

Have you ever been convicted of a felony? Yes No
(conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

If applicable, what can be done to accommodate your limitation? _____

Please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job – include military service assignments:

Employer:	Phone:	Dates Employed	From	To	Work Performed
Address:		Hourly Rate/Salary			
		Starting	Final		
Job Title:					
Supervisor					
Reason for leaving					
Employer:	Phone:	Dates Employed	From	To	Work Performed
Address:		Hourly Rate/Salary			
		Starting	Final		
Job Title:					
Supervisor					
Reason for leaving					
Employer:	Phone:	Dates Employed	From	To	Work Performed
Address:		Hourly Rate/Salary			
		Starting	Final		
Job Title:					
Supervisor					
Reason for leaving					
Employer:	Phone:	Dates Employed	From	To	Work Performed
Address:		Hourly Rate/Salary			
		Starting	Final		
Job Title:					
Supervisor					
Reason for leaving					

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

	NAME	PHONE	BUSINESS	YRS. ACQUAINTED
1.				
2.				
3.				
4.				

EDUCATION

	Elementary	High	College/University	Trade/Vocational
School Name				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities				

In case of emergency notify: _____
Name
Phone No.

It is the policy and practice of the YMCA of Central Virginia 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 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 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.

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