



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The YMCA has zero tolerance for abuse of children, seniors and other vulnerable individuals and inappropriate behavior by staff members.

**DRUG-FREE WORKPLACE
EQUAL OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT YMCA CAMP WINONA RETURNING STAFF VOLUSIA FLAGLER FAMILY YMCA

DATE _____

POSITION(S) APPLIED FOR _____

BASIC INFORMATION

NAME _____

LAST

FIRST

MIDDLE

STREET ADDRESS _____ APT. NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

HOW MANY YEARS NOT INCLUDING THE CURRENT YEAR HAVE YOU WORKED AT YMCA CAMP WINONA _____

Have you ever been convicted of a crime, pled no contest, had adjudication withheld, or are you the subject of pending charges? **YES** **NO**

Conviction of a crime will not necessarily disqualify you from employment. Factors such as age at the time of offense, type of offense, remoteness of the offense, and rehabilitation will be taken into account in determining effect on suitability for employment. Failure to disclose information, however, may disqualify you from further consideration.

If yes, please explain: _____

Where: _____ Date: _____

PRINT LAST NAME: _____

SKILLS/CERTIFICATIONS/RELEVANT TRAINING

Please check all that apply. Examples: CPR, First Aid, Lifeguard, Rope Course, Etc.

CERTIFICATIONS	NUMBER	DATE RECEIVED	EXPIRATION	LICENSING/CERTIFICATION AGENCY

APPLICANT'S CERTIFICATION & AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I am aware that any omissions, falsifications, misstatements, or misrepresentations on this application may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, criminal record, driving record, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Volusia Flagler Family YMCA for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/ / .
APPLICANT SIGNATURE DATE

_____/ / .
PARENT'S OR GUARDIAN'S SIGNATURE DATE
(IF APPLICANT IS LEGALLY A MINOR)

PRINT FULL NAME