



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

VOLUSIA FLAGLER FAMILY YMCA

DATE _____

POSITION(S) APPLIED FOR _____

YMCA FAMILY CENTER _____

REFERRAL SOURCE ADVERTISEMENT FRIEND RELATIVE
 EMPLOYMENT AGENCY OTHER: _____

BASIC INFORMATION

NAME _____
LAST FIRST MIDDLE

OTHER NAMES USED DURING PRIOR EMPLOYMENT _____
NICKNAMES, MAIDEN NAME, ETC.

STREET ADDRESS _____ APT. NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE # _____

E-MAIL _____

Please circle your answer below and fill in blanks when necessary.

Are you at least 16 years old? YES NO

Are you at least 18 years old? YES NO

Have you ever been employed by the Volusia Flagler Family YMCA or any other YMCA? YES NO

If you have filed an application for or been employed by the Volusia Flagler Family YMCA, provide location, department and dates:

Do you have any relatives working in this organization? YES NO

If yes, which family center and department: _____

PRINT LAST NAME: _____

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: _____

The YMCA hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? **YES** **NO**

Have you ever worked in a childcare facility that has had a license denied, revoked or suspended in any state or jurisdiction; or have you been the subject of a disciplinary action or been fined while employed in a child care facility? **YES** **NO**

If yes, please provide date, charge and comment: _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR FIELD / COURSE OF STUDY	DEGREE / CERT. EARNED
High School / GED			
College / University			
Vocational / Other			

Awards, scholarships, honors received: _____

SKILLS / CERTIFICATIONS / RELEVANT TRAINING

Please check all that apply. Examples: CPR, First Aid, Lifeguard, Group Exercise, Nursing, Etc.

CERTIFICATIONS	NUMBER	DATE RECEIVED	EXPIRATION	LICENSING/CERTIFICATION AGENCY

SKILLS / CERTIFICATIONS / RELEVANT TRAINING

Continued

Other: _____

REFERENCES

Please list three personal or professional references that we can contact, one of which can be family, if possible.

NAME _____ RELATION _____

EMAIL _____ PHONE _____

NAME _____ RELATION _____

EMAIL _____ PHONE _____

NAME _____ RELATION _____

EMAIL _____ PHONE _____

EMPLOYMENT EXPERIENCE

List present and past employment beginning with most recent. Include Military Service assignments.

Check here if you have no previous employment experience.

Employer: _____

Address: _____

Job Title: _____

Supervisor: _____

Phone #: _____

Reason For Leaving: _____

Dates: _____
STARTING FINAL

Salary: _____
STARTING FINAL

Hours per week: _____

Work Performed: _____

Employer: _____

Address: _____

Job Title: _____

Supervisor: _____

Phone #: _____

Reason For Leaving: _____

Dates: _____
STARTING FINAL

Salary: _____
STARTING FINAL

Hours per week: _____

Work Performed: _____

PRINT LAST NAME: _____

EMPLOYMENT EXPERIENCE

Continued

Employer: _____

Address: _____

Job Title: _____

Supervisor: _____

Phone #: _____

Reason For Leaving: _____

Dates: _____
STARTING FINAL

Salary: _____
STARTING FINAL

Hours per week: _____

Work Performed: _____

Employer: _____

Address: _____

Job Title: _____

Supervisor: _____

Phone #: _____

Reason For Leaving: _____

Dates: _____
STARTING FINAL

Salary: _____
STARTING FINAL

Hours per week: _____

Work Performed: _____

If needed, attach additional sheets, using the same format as on the application.

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 (IF APPLICANT IS LEGALLY A MINOR) DATE / /

PRINT FULL NAME