



APPLICATION FOR EMPLOYMENT Santa Maria Valley YMCA

We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications ALL questions must be answered. (PLEASE PRINT CLEARLY)

Position Applied For: _____ **Date** _____

Name _____ Email: _____
Last First Middle Initial

Present Address: _____
Street City State Zip

Telephone No. _____ Cell Phone: _____ How long have you lived at above address?: _____

Previous Address: _____
Street City State Zip

How long did you live there? _____

Would you work Full Time? _____ Part Time? _____ (If part time, please specify availability below)
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Have you ever been employed by the YMCA? _____ If yes, When and Where? _____

List any relatives or friends employed by us: _____

Are you 18 years of age or older? Yes No
(If not, employment may be subject to verification of your eligibility to work and a receipt of a school work permit.)

Are you authorized to work in the United States? Yes No
(Proof of eligibility to work in the US will be required upon employment)

Do you speak a 2nd language? _____, If yes, what language _____

Are there any other experiences, skills or qualifications that you feel would especially fit you for work with the YMCA?

Indicate dates you attended school and location of each school:

SCHOOL	NAME & LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA/ MAJOR
High School			YES NO	
College			YES NO	
Other (vocational, Technical, etc.)			YES NO	

Are you currently employed? Yes No May we contact your present employer? Yes No

If so, please provide name and telephone number _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. **Use additional sheets of paper if necessary.**

Employer	Dates Employed		Work Performed
	Month/Year	Month/Year	
	From	To	
Address			
Telephone Number(s)		Supervisor	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	Month/Year	Month/Year	
	From	To	
Address			
Telephone Number(s)		Supervisor	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	Month/Year	Month/Year	
	From	To	
Address			
Telephone Number(s)		Supervisor	
Job Title			
Reason for Leaving			

If there are any gaps in your employment history, please explain:

References (Do not list family or relatives)

NAME	EMAIL	PHONE	OCCUPATION

CONSENT TO DRUG AND ALCOHOL TEST

I understand that it is the intent of the YMCA to operate in an environment free of drugs and alcohol. I further understand that the YMCA believes that the use of drugs or alcohol, or being under their influence, jeopardizes the welfare and safety of YMCA employees, members, visitors and children, and decreases productivity and efficiency. Therefore, I consent to allow the YMCA to collect urine and/or blood specimens from me for testing for alcohol, drugs, and controlled substances. I also give my consent for the release of the test results to appropriate management employees. I further consent to allow the YMCA to conduct drugs and/or alcohol test of me during my employment with the YMCA. I understand that by declining to sign this consent and declining to take the tests, my application for employment may be rejected or my employment with the YMCA may be terminated.

Applicant: _____ Date: _____

We appreciate your interest in a position with the Santa Maria Valley YMCA. If you have any questions about making the following statement, please ask the interviewer to explain.

STATEMENT OF APPLICANT

PLEASE READ BEFORE SIGNING

In the Santa Maria Valley YMCA's effort to attract the highest quality staff, I have been advised that as part of the application process for employment with the Santa Maria Valley YMCA, an extensive inquiry will be made concerning my prior employment, activities, and character and I fully consent to authorize all such inquiries.

All employees of the YMCA are required to submit themselves for a background check and fingerprint record check with the State of California. I understand that my employment is subject to the YMCA's review and acceptance of my fingerprint record. I also understand that my driving record may be verified if I drive while performing my duties for the YMCA.

In the event of my employment by the Santa Maria Valley YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the Santa Maria Valley YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning me, my background, experience, and prior employment. Inquiries or requests may be made by you or any other party with a legal and proper interest. Inquires or request may be made by you, or your 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 my being considered for employment or, after employment, would be cause for termination of employment with the Santa Maria Valley YMCA.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the Santa Maria Valley YMCA the right to terminate my employment at any time with or without notice, with or without cause, without liability or obligation, except through my regular pay through date of termination. I further understand that my status as an "at will" employee, if I am employed by the YMCA, may not be altered either by statements, by writing, or conduct.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I AGREE TO THE ABOVE AND VOLUNTARILY SIGN THIS APPLICATION. I FURTHER DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date