



# ALEXANDER COUNTY YMCA APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, color, religion, creed gender, national origin, age, disability, martial or veteran status, sexual orientation or any other legally protected status.

POSITION APPLYING FOR: \_\_\_\_\_

P E R S O N A L	LAST NAME	FIRST	M.I.	DATE OF BIRTH
	STREET ADDRESS			SS#
	CITY, STATE, ZIP CODE			HOME TELEPHONE
	EMAIL ADDRESS			CELL PHONE
	SPECIAL TRAINING/SKILLS (languages, computers, machine operation, etc.)			
	PREFERRED SHIFT: DAYS _____ (AM _____ PM _____)			WEEKENDS: SAT _____
	EVENINGS _____			SUN _____

E D U C A T I O N	SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS	GRADUATE DATE	DEGREE OR DIPLOMA
	HIGH SCHOOL					
	BUSINESS/TRADE/TECHNICAL					
	COLLEGE					
	GRADUATE SCHOOL					

R E F E R E N C E S	NAME _____	TELEPHONE # _____
	ADDRESS _____	
	NAME _____	TELEPHONE # _____
	ADDRESS _____	
	NAME _____	TELEPHONE # _____
	ADDRESS _____	
	_____	
	_____	
	_____	

If I am to be considered for employment with the Alexander County YMCA, I understand that I must sign a "substance abuse testing release" form and a "criminal background check" form when interviewed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>EMPLOYMENT HISTORY</b> (LIST LAST THREE STARTING WITH MOST CURRENT)	Please give accurate complete, full-time and part-time employment record.
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1	COMPANY NAME	TELEPHONE #
	ADDRESS	(        ) EMPLOYED (MONTH AND YEAR)
	NAME OF SUPERVISOR	FROM                      TO SALARY                      _____
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE #
	ADDRESS	EMPLOYED (MONTH AND YEAR)
	NAME OF SUPERVISOR	FROM                      TO SALARY
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE #
	ADDRESS	EMPLOYED (MONTH AND YEAR)
	NAME OF SUPERVISOR	FROM                      TO SALARY
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.	EMPLOYER # _____ REASON _____ EMPLOYER # _____ REASON _____
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SIGNATURE	<p>The information provided in the Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p style="text-align: right;">_____ Date _____</p>
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Have you ever applied for a job with the Alexander or Iredell County YMCA? Yes \_\_\_\_ No \_\_\_\_

If so, for what position? \_\_\_\_\_ Were you accepted? Yes \_\_\_\_ No \_\_\_\_

Have you ever worked for the Alexander or Iredell County YMCA? Yes \_\_\_\_ No \_\_\_\_

If yes, list dates of employment; From \_\_\_\_\_ to \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_ No \_\_\_\_

If yes, with what employer?

Give names of relatives or friends who work or have worked for us. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**INFORMATION BELOW—FOR EMPLOYER'S USE ONLY**

R E F E R E N C E S	EMPLOYER	PERSON CONTACTED	REMARKS

C E R T I F I C A T I O N S	CURRENT QUALIFICATIONS	EXPIRE DATE	REMARKS

R U S U L T	SUPERVISOR'S NAME	COMMENTS	DATE OF HIRE

# Alexander County YMCA Background Check Consent Agreement

As a part of the application/hiring process implemented by the Alexander County YMCA, we ask that you read and complete the following"

1. Have you ever been convicted of a crime other than a minor traffic violation?

NO  YES

2. Will you give consent to the Alexander County YMCA to run an individual background check? (All information will be kept confidential)

NO  YES

3. If you checked YES on question #2, continue. If you checked NO, please stop here.

4. I have read the above information and completely understand that I am giving the Alexander County YMCA permission to run a personal background check through authorities of our choice.

5. Please complete the following:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous or Maiden Names: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # : \_\_\_\_\_ Driver's License State & Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list all previous addresses in the past ten years:**

Address (Street Name and Number)		
City	State	Zip
Address (Street Name and Number)		
City	State	Zip
Address (Street Name and Number)		
City	State	Zip

PLEASE USE ADDITIONAL SHEET IF NECESSARY