



IREDELL 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:
	SPECIAL TRAINING/SKILLS (languages, computers, machine operation, etc.)			CELL PHONE:
	PREFERRED SHIFT: DAYS _____ (AM _____ PM _____) EVENINGS _____			WEEKENDS: SAT _____ 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 YMCA of Iredell County, I understand that I must sign a "substance abuse testing release" form and a "criminal background check" form when interviewed.

Signature _____ Date _____

<h2 style="margin: 0;">EMPLOYMENT HISTORY</h2> <p style="margin: 0;">(LIST LAST THREE STARTING WITH MOST CURRENT)</p>	Please give accurate complete, full-time and part-time employment record.
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1	COMPANY NAME	TELEPHONE # ()
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM _____ TO _____
	NAME OF SUPERVISOR	SALARY
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

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

3	COMPANY NAME	TELEPHONE # ()
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM _____ TO _____
	NAME OF SUPERVISOR	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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S I G N A T U R E	<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	EMPLOYER	PERSON CONTACTED	REMARKS

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

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

Iredell County YMCA Background Check Consent Agreement

As a part of the application/hiring process implemented by the YMCA of Iredell County, 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 YMCA of Iredell County 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 YMCA of Iredell County 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