



## GEORGIA MOUNTAINS YMCA APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests,  
Please complete this Application for Employment as thoroughly as possible.

### PERSONAL INFORMATION

|  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| NAME: Please PRINT or TYPE   | Email Address                       | Home Telephone No.                    |
| ADDRESS: Street Number and Name, City, State, Zip Code   | Number of years at present address? | Message/Business No. + Ext.<br>(    ) |
| PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code  |                                     | Number of years at previous address:  |
| Can you, after employment, submit verification of your legal right to work in the United States?   |                                     |                                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                                     |                                       |
| Are you over 18?    If hired, do you have a reliable means of transportation to get to work?   |                                     |                                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                     |                                       |
| Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than five years prior to the date of this application)                   |                                     |                                       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please explain:<br>(A conviction will not necessarily disqualify you.)   |                                     |                                       |
| Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |                                       |
| Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:  |                                     |                                       |

## EMPLOYMENT DESIRED

|   |  |                |
|---|--|----------------|
| Type of POSITION desired:   | Date Available   | Salary desired |
| Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                |
| Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If not, please describe how the Company could accommodate you:   |  |                |
| Have you ever applied at the Georgia Mountains YMCA before?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?   | Have you ever been employed by the Georgia Mountains YMCA before?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?<br>In what capacity? |                |
| How were you referred to the Georgia Mountains YMCA?<br><input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> WalkIn <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below)<br>(Please identify source below)<br>_____ Name of Employee _____ |  |                |

## EDUCATION AND TRAINING

| SCHOOL NAME & LOCATION   | Years Attended<br>From                      To                        | Graduate?<br>(Yes/No) | What<br>Degree  | Major<br>Subject/<br>Total<br>Hours<br>(if<br>applicable) |
|--|---|-----------------------|---|---|
| Elementary   |   |                       |   |   |
| High School  |   |                       |   |   |
| College/University   |   |                       |   |   |
| College/University   |   |                       |   |   |
| Highest Degree Earned<br>(Check one selection only): 1. High School ( ) 2. Associate ( ) 3. Bachelor ( ) 4. Master ( ) 5. Doctorate ( )  |   |                       |   | Overall<br>College<br>Scholastic<br>Average               |
| Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below. |   |                       |   |   |
| Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.   |   |                       |   |   |
| <input type="checkbox"/> Keyboarding<br>_____ WPM  | Computer Skills, i.e. Microsoft<br>Office- Word, Excel, Outlook, etc. |                       | <input type="checkbox"/> Other machines requiring special skills: |   |

## U.S. MILITARY SERVICE DATA

|                                  |
|----------------------------------|
| Branch:                          |
| List Special Training or Skills: |

### EMPLOYMENT DATA

| PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST |                 |  |  | PERSONNEL USE ONLY                             |  |
|--|-----------------|--|--|--|--|
| <b>Company Name</b>                                  |                 | Phone No.<br>(    )                                  |  | Dates of Employment<br>From (Mo/Yr) To (Mo/Yr) |  |
| Address (Include Street, City, State, Zip Code)      |                 |  |  |  |  |
| Job Title-Start                                      | Job Title-Final | Base Rate of Pay<br>Start                      Final |  |  |  |
| Supervisor (Name & Title)                            |                 |  |  |  |  |
| Description of Job Duties                            |                 |  |  |  |  |
| <b>Company Name</b>                                  |                 | Phone No.<br>(    )                                  |  | Dates of Employment<br>From (Mo/Yr) To (Mo/Yr) |  |
| Address (Include Street, City, State, Zip Code)      |                 |  |  |  |  |
| Job Title-Start                                      | Job Title-Final | Base Rate of Pay<br>Start                      Final |  |  |  |
| Supervisor (Name & Title)                            |                 |  |  |  |  |
| Description of Job Duties                            |                 |  |  |  |  |
| <b>Company Name</b>                                  |                 | Phone No.<br>(    )                                  |  | Dates of Employment<br>From (Mo/Yr) To (Mo/Yr) |  |
| Address (Include Street, City, State, Zip Code)      |                 |  |  |  |  |
| Job Title-Start                                      | Job Title-Final | Base Rate of Pay<br>Start                      Final |  |  |  |
| Supervisor (Name & Title)                            |                 |  |  |  |  |
| Description of Job Duties                            |                 |  |  |  |  |
| <b>Company Name</b>                                  |                 | Phone No.<br>(    )                                  |  | Dates of Employment<br>From (Mo/Yr) To (Mo/Yr) |  |
| Address (Include Street, City, State, Zip Code)      |                 |  |  |  |  |
| Job Title-Start                                      | Job Title-Final | Base Rate of Pay<br>Start                      Final |  |  |  |
| Supervisor (Name & Title)                            |                 |  |  |  |  |
| Description of Job Duties                            |                 |  |  |  |  |

## REFERENCE DATA

### 3 PROFESSIONAL/WORK REFERENCES & 1 FAMILY REFERENCE WE MAY CONTACT

| Name | Address | Area Code | Phone |
|------|---------|-----------|-------|
|      |         |           |       |
|      |         |           |       |
|      |         |           |       |
|      |         |           |       |

## PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

\_\_\_\_\_  
Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

\_\_\_\_\_  
Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

\_\_\_\_\_  
Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

\_\_\_\_\_  
Initial

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

**FOR EMPLOYMENT DEPT. USE ONLY**

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date