



Auburn YMCA-WEIU Application for Employment

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL

Date _____

Name _____
LAST FIRST MIDDLE

Address _____ Telephone No. (____) _____
Street City State ZIP

Are you legally eligible for employment in the U.S.A.? Yes No Are you 18 years or older? Yes No

Position(s) applied for _____ Rate of pay expected \$ _____ / wk.

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Would you work full-time or part-time? Specify days and hours available if part-time: _____

Were you previously employed by us? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Have you had any criminal convictions? Yes No A "Yes" answer will not necessarily disqualify you from consideration.

What qualifications (experience, training, education) do you have that qualifies you for the above position _____

Americans with Disabilities Act Clarification

With or without reasonable accommodation, can you perform the essential job functions for the position you have applied for? Yes No

EDUCATION

School	Name and Address Of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma, Degree or Subjects Studied
			5	6	7	8		
Elementary								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		
College								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Subjects of special study or research work: _____

MILITARY SERVICE

Branch: _____ Years served: _____ Rank: _____

EMPLOYMENT HISTORY

Begin with your present or last job. Include any military service and volunteer activities.
(Exclude groups which indicate race, color, religion, sex, age, national origin or other protected group.)

Employer 1		Dates Employed From To		Job Duties
Address				
Job Title		Hourly Rate/Salary Starting Final		Reason for leaving
Immediate Supervisor	Phone #			
Employer 2		Dates Employed From To		Job Duties
Address				
Job Title		Hourly Rate/Salary Starting Final		Reason for leaving
Immediate Supervisor	Phone #			
Employer 3		Dates Employed From To		Job Duties
Address				
Job Title		Hourly Rate/Salary Starting Final		Reason for leaving
Immediate Supervisor	Phone #			
Employer 4		Dates Employed From To		Job Duties
Address				
Job Title		Hourly Rate/Salary Starting Final		Reason for leaving
Immediate Supervisor	Phone #			

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS/PHONE	OCCUPATION	YEARS KNOWN
1			
2			
3			

PLEASE READ AND SIGN BELOW

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE

DATE