



GREENE COUNTY 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 Greene County YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity employment.

**Please return completed application in a sealed envelope
Attention: Sandy Pruitt (Operations Director).**

PERSONAL INFORMATION

NAME: Please PRINT or TYPE (full name)	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip	Number of years at present address?	Work or Cell plus area code
E-MAIL ADDRESS:		
Please describe your availability for work.		
Full-time	Part-time	Temporary
		Day Shift
		Evening Shift
Can you, after employment, submit verification of your legal right to work in the United States?		
Yes	No	
Are you over 18?	If hired, do you have a reliable means of transportation to get to work?	
Yes	No	Yes No
Have you ever been convicted of any crime, misdemeanor or felony? (A conviction will not necessarily disqualify you.)		
Yes	No	If yes, please explain:
Based upon the position for which you are applying, are you able to perform all tasks with or without an accommodation?		
Yes	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:	Wage desired:
Are you presently employed? Yes No	If yes, may we contact your present employer? Yes No	
Depending upon the position for which you are applying, will you be able to work the scheduled hours? Yes No		
If not, reason for conflict:		
Have you ever applied at the Greene County YMCA before?	Yes No	If yes, when?
Have you ever been employed by the Greene County YMCA before?	Yes No	If yes, when?
How were you referred to the Greene County YMCA?		
Employee Referral	Name of Employee _____	
Advertisement	Walk-In	Agency
Other (Please specify)		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject Total Hours if applicable
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research of study, seminars, etc. Please attach written resume or other summary of information that is relevant to the position for which you are applying.				
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).				
U.S. MILITARY SERVICE DATA				
Branch:				

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
Company Name	Phone No. ()	Date of Employment From (Mo/Y To (Mo/Yr)		
Address (include Street, City, State, Zip)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		\$ \$		
Description of Job Duties				
Company Name	Phone No. ()	Date of Employment From(Mo/Yi To (Mo/Yr)		
Address (include Street, City, State, Zip)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		\$ \$		
Description of Job Duties				
Company Name	Phone No. ()	Date of Employment From (Mo/Y To (Mo/Yr)		
Address (include Street, City, State, Zip)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		\$ \$		
Description of Job Duties				
Company Name	Phone No. ()	Date of Employment From (Mo/Y To (Mo/Yr)		
Address (include Street, City, State, Zip)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)		\$ \$		
Description of Job Duties				

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT (no relatives)

Name	Address	Area Code Phone

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Greene County 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 may result in removal of my application from consideration or immediate termination from employment. I authorize the Greene County 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 there from.

Initial

If employed by the Greene County YMCA I will abide by Greene County YMCA policies and rules.

Initial

I understand that I may be required to submit to a drug/alcohol test prior to my employment or at any time during my employment as a condition of employment and as a condition of continued employment. I understand and agree that my refusal to submit to such a test upon request will result in my not being hired or, if already employed, will result in my immediate termination.

Initial

I hereby grant consent for the Greene County YMCA to perform a complete background investigation as terms of my employment. I understand this investigation may include but is not limited to my driving record, criminal record, and researching my references. Further, I understand that some negative information may eliminate my eligibility for employment with Greene County YMCA and shall not be considered discrimination. I understand this background check is a condition of employment under Greene County YMCA policies and procedures.

Initial

If I am employed by the Greene County 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 Greene County YMCA or myself. I understand that, other than the Executive Director/CEO of the Greene County YMCA, no manager, supervisor or representative of the Greene County 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 Executive Director/CEO of the Greene County 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 Greene County 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 Greene County YMCA concerning the nature of my employment, if any, by the Greene County 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 Greene County YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Greene County YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature _____

Date of Application _____