



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We appreciate your interest in employment with the YMCA of Greensboro. Every application that meets the minimum qualifications for the specified job will receive consideration for that position. We are committed to the recruitment, employment, training and promotion of employees solely on the basis of the individual's qualifications, without regard to race, color, religion, national origin, sex, marital status, age, disability or veteran status in compliance with Federal and State equal employment laws. Persons employed may be required to provide verification of information on this form. We comply with the requirements of the Immigration Reform and Control Act of 1986. Therefore, you will be required to provide certain documents that establish your identity and authorization to work. It is our policy that you will not be permitted to begin employment until you produce such documents for our review.

Please print in ink. The entire application must be completed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How long have you lived at this address? \_\_\_ years \_\_\_ months Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How long did you live at this address? \_\_\_ years \_\_\_ months

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do any schools/references/past employers know you by another name?

Yes  No If yes, what name? \_\_\_\_\_

Can you provide evidence that you are authorized to work in the United States?  Yes  No

If you are under 18, do you have a work permit?  Yes  No N/A

If it is required for the position for which you are applying, do you have a current, valid driver's license?  
 Yes  No N/A

How were you referred to us for possible employment? Employee (Name \_\_\_\_\_) Job Fair

Newspaper (Name \_\_\_\_\_) Member Other \_\_\_\_\_

For what position(s) or department(s) are you applying? \_\_\_\_\_

List special skills or qualifications you have related to this position. \_\_\_\_\_

Employment desired:  Full time  Part time Days/Times Available: \_\_\_\_\_

Wage/Salary desired \_\_\_\_\_

Have you ever worked for the YMCA of Greensboro?

Yes (Branch, position and date \_\_\_\_\_)  No

Have you ever been employed by any YMCA?  Yes (Location \_\_\_\_\_)  No

### EMPLOYMENT HISTORY

List former employers starting with current or most recent one first.

Present or most recent employer	Title, Duties & Department	
Address	Phone	May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title	Starting Salary	Ending Salary
Reason for Leaving	Date Employed	Date Left
Present or most recent employer	Title, Duties & Department	
Address	Phone	May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title	Starting Salary	Ending Salary
Reason for Leaving	Date Employed	Date Left
Present or most recent employer	Title, Duties & Department	
Address	Phone	May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title	Starting Salary	Ending Salary
Reason for Leaving	Date Employed	Date Left
Present or most recent employer	Title, Duties & Department	
Address	Phone	May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Name & Title	Starting Salary	Ending Salary
Reason for Leaving	Date Employed	Date Left

Have you ever been dismissed or forced to resign from any job held?  Yes  No

If yes, explain:

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Explain any gaps in your employment as set forth above:

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List two personal references not related to you who have known you for at least three years, and one person who is related to you:

Name	Street Address	Phone number
Occupation	City, State, Zip	Years known
Name	Street Address	Phone number
Occupation	City, State, Zip	Years known
Name of Relative	Street Address	Phone number
Relationship	City, State, Zip	

**Military Information:** Please complete if you have ever been in the military:

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_ Rank: \_\_\_\_\_

Current Status: \_\_\_\_\_ Reserve Status:  Active  Inactive  None

Discharge status:  Honorable discharge  Dishonorable discharge

Special military training, education and/or work experience relevant to the position for which you have applied:

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**Education:**

SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS COMPLETED	DEGREE/DIPLOMA	MAJOR/MINOR	GRADUATED
High School		9 10 11 12			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University		1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you attending school now?  Yes  No Course of Study and Expected graduation date: \_\_\_\_\_

Please list any additional skills or talents that, if hired, you would be willing to employ to enrich program activities at the YMCA of Greensboro (music, art, dance, etc.): \_\_\_\_\_

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PLEASE READ CAREFULLY AND SIGN BELOW:

In making an application for employment with the YMCA of Greensboro, I understand and acknowledge the following:

1. The information given by me on this application is true in all respects and I have not failed to disclose information that the YMCA of Greensboro could consider relevant to its hiring decision. I understand that I may be refused employment, or, if employed, terminated, if I give false or misleading information on my application or during the interview process.
2. The YMCA of Greensboro has my expressed authorization to thoroughly investigate my work, criminal record, or other related matters as may be necessary in arriving at an employment decision. This investigation may include personal interviews with former employers, references, neighbors, friends, and others with whom I am acquainted, and will include a criminal background check. Further, I hereby authorize every person or entity contacted by the YMCA of Greensboro to make any disclosure requested by the YMCA of Greensboro and release all records, including employment, medical and school records, such as assessments of my job performance and ability. Furthermore, I agree to hold harmless any and all persons and entities contacted by the YMCA of Greensboro during the course of the investigation.
3. I understand that if I receive an offer of employment, the offer will be contingent upon the successful passing of a pre-employment drug screen. I further understand that failure to submit to a drug test will make me ineligible for employment. Further, if hired, I may from time to time be required to undergo testing to determine if I am involved in the improper or illegal use of drugs or alcohol.
4. I understand that the YMCA of Greensboro reserves the right to require a medical examination of an employee at any time except as may be prohibited by State or Federal Law.
5. I understand that, if employed, my employment is for no definite period of time, that I may terminate my employment at any time without cause, and that the YMCA of Greensboro may terminate or modify my employment at any time without notice and without cause.
6. Should I become employed with the YMCA of Greensboro, I agree to conform to the rules and regulations of the Association and any modifications or amendments thereto.
7. I have read and understand the above and have had the opportunity to ask questions, which, if asked, were satisfactorily answered.

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