



YMCA of WAYNE COUNT
APPLICATION for EMPLOYMENT

Date: _____

NOTICE TO APPLICANTS: All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran or disabled status, or genetic information.

PERSONAL INFORMATION (please print)

Name _____

Current Address _____

Phone # _____ Cell # _____ How long at above address? _____

Previous Address _____ How long? _____

E-mail Address _____

Position applied for _____ Full Time Part Time

If part time, hours you can work: Mon. - Fri. _____ Sat. _____ Sun. _____

Date you can start _____

Have you worked with us before? Yes No

Previous job title/center/length of service _____

Reason for leaving _____

List any friends and/or relatives with department working with us now

List any certifications currently held:

Are you over 18? Yes No (If no, hire is subject to minimum legal age verification)

In case of accident, notify: _____ Phone # _____

EDUCATIONAL HISTORY

Circle Last

Name and Location of School Grade Finished Graduated Major/Degree

Mid _____ 6 7 8 [] Yes [] No _____

H S _____ 9 10 11 12 [] Yes [] No _____

Col _____ 1 2 3 4 [] Yes [] No _____

Col _____ [] Master [] Doctorate _____



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EMPLOYMENT HISTORY - List in reverse order, beginning with present employer

Employer Name & Address	Position/Title & Duties	Start Date	End Date
		Reason for leaving:	
Pay \$	Supervisor Name:	Phone Number:	May we contact
Per:			Yes No

Employer Name & Address	Position/Title & Duties	Start Date	End Date
		Reason for leaving:	
Pay \$	Supervisor Name:	Phone Number:	May we contact
Per:			Yes No

Employer Name & Address	Position/Title & Duties	Start Date	End Date
		Reason for leaving:	
Pay \$	Supervisor Name:	Phone Number:	May we contact
Per:			Yes No

MILITARY SERVICE

<u>Branch</u>	<u>Rank</u>	<u>Duties</u>	<u>List any special schools or skills acquired in the service</u>
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Name	Phone	Name	Phone
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. I give permission for the YMCA of Wayne County to conduct a background check while considering my employment. If employed, any misstatement or omission of fact on this application my result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

_____	_____
Signature of applicant	Date