

YMCA'S OF COLLIER COUNTY APPLICATION FOR EMPLOYMENT

The YMCA provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type with regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home Telephone No.	
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Other Contact No. ()
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 If not over 18, state your age for child labor purposes only		
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 two years prior to the date of this application)		
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: 		
(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 If not, please describe how the Company could accommodate you: 		
Have you ever applied at the Marco Island YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the Marco Island YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the Marco Island YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

Email:

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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					Overall College Scholastic 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 _____ WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch of Service: _____	Dates of Service: From _____ to _____
Rank at Discharge: _____	Date of Discharge: _____
Were you honorably discharged? _____	
List Special Training or Skills: 	

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EMPLOYMENT DATA

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

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REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone
<u>Work References</u>			
1.			
2.			
<u>Personal References</u>			
1.			
2.			

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for dismissal at any time without prior notice.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that any offer is contingent upon successfully completing a pre-employment medical questionnaire and a drug test.

I acknowledge that this application will remain active for 60 days from this date. If I have not heard from the company at the conclusion of the 60-day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Marco Island YMCA.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

NOTES FROM INTERVIEW:

Interviewer's Signature

Date