



# Application for Employment

2500 Simpson Ave., Hoquiam, WA 98550 (360) 537-9622 Fax (360) 533-2471

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap or veteran status.

To help us learn about your experience, abilities and interests, please complete this Application for Employment as thoroughly as possible. Return to the YMCA of Grays Harbor, 2500 Simpson Ave., Hoquiam, WA 98550

**POSITION DESIRED:** \_\_\_\_\_ Today's Date: \_\_\_\_\_

Available For:  Full-time  Part-time  Temporary Date Available: \_\_\_\_\_

Name (in full) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you at least 21 years of age?  Yes  No

State briefly your qualifications and reasons for wanting employment with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Referral? (Employee's name) \_\_\_\_\_

Are you a former YMCA employee?  Yes  No Volunteer?  Yes  No  
Where? \_\_\_\_\_ When? \_\_\_\_\_

Relatives employed by this YMCA?  Yes  No Name \_\_\_\_\_ Location \_\_\_\_\_

Have you been convicted of a crime or released from prison in the past 7 years?  Yes  No  
If yes, explain: \_\_\_\_\_

A conviction record will not necessarily disqualify you from employment. Factors such as age at the time of the offense, seriousness and nature of the violation, relevance of the offense to the position applied for and rehabilitation will be taken into account.

## REFERENCE DATA

Please provide three Professional / Personal References we may contact. (at least one professional reference required)

NAME	ADDRESS	DAYTIME PHONE	EVENING PHONE	OCCUPATION

# EMPLOYMENT / VOLUNTEER HISTORY

Please include month and year of dates employed

<b>Present or Last Employer</b>			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time _____ Hrs/wk.	Dates Employed From: _____ To: _____	Salary Beg: _____ End: _____
Duties			
<b>Next Previous Employer</b>			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time _____ Hrs/wk.	Dates Employed From: _____ To: _____	Salary Beg: _____ End: _____
Duties			
<b>Next Previous Employer</b>			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time _____ Hrs/wk.	Dates Employed From: _____ To: _____	Salary Beg: _____ End: _____
Duties			
<b>Next Previous Employer</b>			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time _____ Hrs/wk.	Dates Employed From: _____ To: _____	Salary Beg: _____ End: _____
Duties			
<b>Next Previous Employer</b>			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time _____ Hrs/wk.	Dates Employed From: _____ To: _____	Salary Beg: _____ End: _____
Duties			

## EDUCATION AND TRAINING

Circle highest year of education completed: High School 1 2 3 4				College 1 2 3 4 5 6	
School Name	City/State	Dates Attended From To		Degree Obtained	Major/Minor
High School		N/A	N/A		N/A
College or University					
Other/College or Trade School					

### Please read before initialing and signing below

The YMCA of Grays Harbor is committed to providing a safe environment for our members, participants and employees. We are aware that there are people who seek employment working near children for the wrong reasons. Therefore, through the initial screening process and ongoing supervision, we do everything in our power to monitor the safety and well-being of our members and staff. In order for the YMCA of Grays Harbor to attract the highest quality staff, extensive inquiries may be made concerning your prior employment and background.

I have read the previous statement and I authorize the YMCA of Grays Harbor to request my employment record from any former employers. I further understand that inquiries may be made to any governmental agency, including law enforcement agencies or departments. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent. (\_\_\_\_\_initial here).

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any falsification or omission on this application may result in my discharge; and that my employment may be subject to fingerprinting, proof of age, and proof of US citizenship or legal right to work in this country. The U.S. Department of Justice Immigration and Naturalization Service has issued a very clear employment verification process. I understand and agree that if I am hired, I will provide necessary and acceptable documents verifying employment eligibility, or receipts of applications for such documents. (\_\_\_\_\_initial here).

I understand and agree that if employed, my employment is for no definite period and may be terminated at any time without previous notice. I further understand that no promises or representations contrary to this application or the written policies of the association are binding unless made in writing and signed by the Executive Director/CEO of the YMCA of Grays Harbor. (\_\_\_\_\_initial here).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date