

Sanford-Springvale YMCA Application- Page 2

Special Training/Certification: What special skills, knowledge, talents, licenses, or additional experience, not covered elsewhere do you have (CPR, First Aid, Life Guarding, WSI, etc.)? _____

NOTE: If hired, you may be required to present certified copies of transcripts or certification of special training/certification listed above.

Licensing and Insurance regulations require most YMCA employees to be 18 years of age.
 Are you at least 18 years of age? **YES** **NO**

Are you presently employed? **YES** **NO** If yes, may we contact your present employer? **YES** **NO**

Work Experience (start with present employer and work back):

Employer:		Dates Employed:	
Employer Address:		Kind of Business:	
Supervisor:		Position(s) Held:	
Employer Phone #:	Beginning Salary: \$	Ending Salary: \$	
Reason for Leaving:			

Employer:		Dates Employed:	
Employer Address:		Kind of Business:	
Supervisor:		Position(s) Held:	
Employer Phone #:	Beginning Salary: \$	Ending Salary: \$	
Reason for Leaving:			

Employer:		Dates Employed:	
Employer Address:		Kind of Business:	
Supervisor:		Position(s) Held:	
Employer Phone #:	Beginning Salary: \$	Ending Salary: \$	
Reason for Leaving:			

Have you ever been convicted of a crime **or** had a child abuse claim found substantiated against you? Yes or No (Details) _____

Have you ever been convicted of a traffic violation? Yes or No (Details) _____

NOTE: A conviction does not automatically mean you will not be hired. The type offense and the amount of time that has passed since the conviction are important factors. Give all of the facts so a decision can be made.

REFERENCE DATA
PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Please list three professional references who are NOT relatives or friends.

	Name:	Phone #:	How do you know this person:
1.			
2.			
3.			

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the 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. I understand that employment with the Sanford-Springvale YMCA will be subject to a 90 day orientation period.

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.

Applicants Signature: _____ Date: _____