APPLICATION FOR EMPLOYMENT

2500 Simpson Ave, Hoquiam, WA 98550 (360) 537-9622 Fax (360) 533-2471 ***Today's Date:*** _____

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

DEPARTMENT(S) DESIRED:

☐ Admin	☐ Health & Wellness	☐ Membership	☐ Preschool
☐ Youth Sports	☐ Youth & Teen	☐ Harbor After School (HAS)	☐ Camp
☐ Aquatics	☐ Busy Town	☐ Building and Maintenance	☐ Childcare

Available For: ☐ Full-time ☐ Part-time ☐ Temporary Date Available: _____

Name _____
Last First Middle

Address_____
Street City State Zip

Phone Number _____ Email_____

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? ☐ 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 considered.

REFERENCE DATA

Please provide three Professional/Personal References we may contact. At least one immediate family member required. EMAIL ADDRESS IS REQUIRED.

NAME	OCCUPATION/RELATION	PHONE	EMAIL

EMPLOYMENT / VOLUNTEER HISTORY

Please include month and year of dates employed

Present or Last Employer			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? ☐ Yes ☐No
Position	☐ Fulltime ☐ Part-time _____Hrs/Wk	Dates Employed From:_____	To: _____
Duties			
Next Previous Employer			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we Contact? ☐ Yes ☐No
Position	☐ Fulltime ☐ Part-time _____Hrs/Wk	Dates Employed From:_____	To: _____
Duties			
Next Previous Employer			
Company Name		Supervisor's Name	Phone
Address		Reason for Leaving	May we contact? ☐ Yes ☐ No
Position	☐ Fulltime ☐ Part-time _____Hrs/Wk	Dates Employed From: _____	To: _____
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					
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).

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 my 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).

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).

_____ _____

Signature of Applicant Date