

JUNIUS WARD JOHNSON MEMORIAL YMCA APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment in its entirety.

PERSONAL INFORMATION

Name: Please PRINT or TYPE	Social Security Number	Home phone + area code
ADDRESS: Street Number and Name, City, State, Zip Code	Number of Years at Present Address?	Business Phone Number + Area Code
Can you, after employment, submit verification of your legal right to work in the United States? / / Yes / / No	Date of Birth ____/____/____ Mo. Day Yr.	If hired, do you have reliable transportation to get to work? / / Yes / / No
Have you ever been convicted of a crime or for any child abuse or sex-related crimes? (A conviction will not necessarily disqualify you.) / / Yes / / No If yes, please explain:		

EMPLOYMENT DESIRED

Type of POSITION desired: _____

Date Available _____ Salary desired _____

Are you presently employed? / / Yes / / No If yes, may we contact your present employer? / / Yes / / No

Are there any days or times you are not available to work?
If so, please explain:

Have you applied at the YMCA before? / / Yes / / No If yes, when?	Have you been employed by the YMCA before? / / Yes / / No If yes, when?
How were you referred to the YMCA? / / Current employee? Name of employee _____ / / Walk-in / / Other (please specify) _____	

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.

Keyboarding WPM____	Computer Skills, i.e. Microsoft Office-Word, Excel, Outlook, etc.	Other machines requiring special skills:
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U.S. MILITARY SERVICE DATA

Branch:	
List Special Training or Skills:	

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		
Company Name Phone Number	Dates of Employment From(Mo/Yr) To(Mo/Yr)	
Address(Include Street, City, State, Zip Code	Job Title-Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		
Reason for Leaving		
Company Name Phone Number	Dates of Employment From(Mo/Yr) To(Mo/Yr)	Base Rate of Pay Start Final
Address(Include Street, City, State, Zip Code	Job Title-Final	
Supervisor (Name & Title)		
Description of Job Duties		
Reason for Leaving		
Company Name Phone Number	Dates of Employment From(Mo/Yr) To(Mo/Yr)	Base Rate of Pay Start Final
Address(Include Street, City, State, Zip Code	Job Title-Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		
Reason for Leaving		

REFERENCE DATA
PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Phone Number

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in 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 from any liability arising therefrom.

Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Initial

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.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

**JUNIUS WARD JOHNSON MEMORIAL
YOUNG MEN’S CHRISTIAN ASSOCIATION
VICKSBURG, MISSISSIPPI**

**NOTICE AND CONSENT CONCERNING CONSUMER AND
INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the Junius Ward Johnson Memorial Young Men’s Christian Association may request investigative consumer reports in connection with your application for employment or during the course of your employment with the Association, if any, or for other employment-related purposes.

The types for reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. If applying for a position where you may supervise, discipline, or care for minors, this information may include all criminal and arrest records allowed, and that you may be required to submit fingerprints in a manner required by the Association. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your coworkers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

CONSENT STATEMENT

I have carefully read and understand this notice and consent form and confirm that all such information is true and correct. By my signature below, I consent to the release of consumer or investigative consumer reports, as defined above, to the Association (1) in conjunction with my application for employment, and (2) during the course of my employment, if any. I further understand that this consent will apply during the course of my employment with the Association, should I obtain such employment. I understand and agree that this consent will remain in effect indefinitely. I further understand that any and all information contained in my job application or otherwise disclosed to the Association by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Association. I understand and acknowledge that nothing in this Notice and Consent is to be, or is, an offer of employment or a promise of continued employment. If employed by the Association, my employment will not be for a specified period of time and can be terminated at any time, for any reason, with or without cause or notice, by me or the Association.

Name (Please Print)

Social Security Number Date

Interviewer’s Signature

Date