



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Confidential Employment Application

The Waldo County YMCA is an Equal Opportunity Employer

Date: _____

Name: _____
Last First M.I.

Social Security No.: _____

Address: _____
Street City State Zip

If you have not resided at the current address more than three (3) years, list previous address:

Street City State Zip

Home Phone: _____

Message Phone: _____

If related to or referred by anyone in our employ, state his/her name:

Whom to notify in case of emergency, their relationship, and telephone number:

Name: _____ Relationship to you: _____ Phone: _____

Are you over 18 years of age? _____

Are you a U.S. Citizen? _____

Date you can start work: _____

Position desired: _____

Are you employed now? _____

Salary desired: _____

Have you ever been employed here before? _____

Do you have transportation? _____

Have you ever applied here before? _____

Have you ever been convicted of a crime? _____

If yes, please describe in full: _____

EDUCATION: School	Name & Location	Yrs. Completed	Degree Received/Major Field
High			
College /Grad School			
Other			

REFERENCES: List three persons, who have known you for at least a year. *Please list one relative as reference #1.*

1. _____

Relative Name	Address	Phone
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2. _____

Name	Address	Phone
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3. _____

Name	Address	Phone
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EMPLOYMENT HISTORY: (start with most recent Employer)	Dates (mo. / yr.)	Job Title (briefly describe work)	Rate of Pay	Reason for Leaving
Name: Address: Phone:	From: To:			
Name: Address: Phone:	From: To:			
Name: Address: Phone:	From: To:			

May we inquire the above for reference? _____

In addition to your work history, what other experiences, skills, hobbies, or qualifications would fit you for work with the Waldo County YMCA? _____

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentation may result in dismissal. I authorize the Waldo County YMCA to make an investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release from all liability both the Waldo County YMCA and those who supply reference information. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time with or without prior notice.

As an applicant for a position with the Waldo County YMCA, I hereby authorize all past employers and educational institutions to release information about my work history and education in use in determining my qualifications for this position. Please release or verify the items indicated:

- Past Employers:** **All information requested** *or choose individually from list below*
- | | | |
|---|--|---|
| <input type="checkbox"/> Salary History | <input type="checkbox"/> Dates of Employment | <input type="checkbox"/> Positions Held |
| <input type="checkbox"/> Responsibilities | <input type="checkbox"/> Reasons for Leaving | <input type="checkbox"/> Eligibility for Rehire |
- Educational Institutions:** Years of Attendance Degree Obtained

Date: _____

Signature: _____