



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# DRUG-FREE WORKPLACE

# APPLICATION FOR EMPLOYMENT

## YMCA OF FLORIDA'S FIRST COAST, INC.

DATE \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

YMCA BRANCH / LOCATION \_\_\_\_\_

REFERRAL SOURCE  ADVERTISEMENT  FRIEND  RELATIVE  
 EMPLOYMENT AGENCY  OTHER: \_\_\_\_\_

### BASIC INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

OTHER NAMES USED DURING PRIOR EMPLOYMENT \_\_\_\_\_  
NICKNAMES, MAIDEN NAME, ETC.

STREET ADDRESS \_\_\_\_\_ APT. NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**Please circle your answer below and fill in blanks when necessary.**

Are you at least 18 years old? YES NO

Are you legally employable in the US? YES NO

Have you filed an application here before? YES NO

Have you ever been employed by the YMCA of Florida's First Coast or any other YMCA? YES NO

If you have filed an application for or been employed by the YMCA of Florida's First Coast, provide location, department and dates:

Type of employment desired (please circle): FULL-TIME PART-TIME SEASONAL

List available days & hours:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

PRINT LAST NAME \_\_\_\_\_

Earliest available start date: \_\_\_\_\_

Provide hourly rate or annual salary desired: \_\_\_\_\_

Do any of your friends and relatives, other than your spouse, work in this organization? **YES** **NO**

If yes, list name(s): \_\_\_\_\_

Have you ever been convicted of a crime, pled no contest, had adjudication withheld, or are you the subject of pending charges? **YES** **NO**

Conviction of a crime will not necessarily disqualify you from employment. Factors such as age at the time of offense, type of offense, remoteness of the offense, and rehabilitation will be taken into account in determining effect on suitability for employment. Failure to disclose information, however, may disqualify you from further consideration.

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been subject to a child or adult abuse investigation? **YES** **NO**

If yes, please provide date, charge and comment: \_\_\_\_\_

\_\_\_\_\_

Can you perform the essential functions of the job for which you are applying, with or without a reasonable accomodation?

\_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR FIELD / COURSE OF STUDY	DATES ATTENDED	GRADES COMPLETED	DEGREE / CERT. EARNED
High School / GED					
College / University					
Vocational / Other					

Awards, scholarships, honors received: \_\_\_\_\_

\_\_\_\_\_

## SKILLS / CERTIFICATIONS / RELEVANT TRAINING

Please check all that apply.

Expiration:

Certifications:

_____	Lifeguard	_____	CPR	_____	Teaching	_____	DCF 40-hrs.
_____	First Aid	_____	Aerobics	_____	CDL	_____	Personal Training

# SKILLS / CERTIFICATIONS / RELEVANT TRAINING

Continued

Other: \_\_\_\_\_

Describe any training or certifications relevant to the position for which you are applying: \_\_\_\_\_

# REFERENCES

Please list three references that we can contact (work-related preferred).

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List present & past employment beginning with most recent. Include Military Service assignments.

Check here if you have no previous employment experience.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_  
STARTING FINAL

Salary: \_\_\_\_\_  
STARTING FINAL

May we contact this employer? **YES** **NO**

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_  
STARTING FINAL

Salary: \_\_\_\_\_  
STARTING FINAL

May we contact this employer? **YES** **NO**

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

## Continued

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates: \_\_\_\_\_  
STARTING FINAL

Salary: \_\_\_\_\_  
STARTING FINAL

May we contact this employer? **YES** **NO**

Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# APPLICANT'S CERTIFICATION & AGREEMENT

## PLEASE READ CAREFULLY BEFORE SIGNING

I understand that this application is only valid for the position applied for at present and that the YMCA of Florida's First Coast, Inc. ("YMCA") is not obligated to retain or consider this application for future openings.

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. I understand that falsification of this application in any detail is grounds for disqualification from further consideration of/or for dismissal from employment.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party, with legal and proper interest.

I hereby consent to the taking of urine or blood samples by the YMCA, or its agents, to adhere to the YMCA's drug free workplace policy and to the testing of such samples by any drug testing laboratory designated by the YMCA. I hereby further consent to the release of any test reports on such samples or other related medical information from the laboratory to the Human Resources Department of the YMCA and to the use of all such reports or other information in the YMCA's assessment of my employment application and/or employment status.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

If I am hired 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 no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period to time, or to make any agreement contrary to the foregoing. 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.

I consent to and authorize an investigation of my background including my employment history, educational history, criminal history and any other matters, which may be relevant to the consideration of employment of the YMCA. I hereby authorize any employers, educational institutions, licensing boards, and any other organizations and individuals to provide all information requested by the YMCA. I hereby release and discharge the YMCA and all organizations or individuals who supply information to the YMCA from any and all liability related to information requested or provided in connection with the YMCA's consideration of my employment. The criminal history record, as received from the reporting agency, may include arrest and convictions. I understand that this information will be used, in part, to determine my eligibility for a position with the YMCA. I understand that I will have an opportunity to review any disqualifying criminal history and driving record and that a procedure is available for clarification, if I dispute the record as received.

**I have read the above statements and accept the same as a condition of my employment with the YMCA of Florida's First Coast, Inc.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME