



## YMCA of Georgia's Piedmont Employee Application

Please print and answer all questions. If one does not apply, insert N/A. If additional space is required to adequately answer any question, please indicate by an asterisk (\*) and identify the supplemental information on a separate sheet. This application is not intended to imply limitations, preferences or discrimination based on age, sex, marital status, race, creed, color, national origin or existence of any sensory, mental or physical disability that does not interfere with the performance of the position for which you are applying.

Position Applied: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_\_

### **PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell / Home

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

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

Are you currently employed? \_\_\_\_\_ Date you are available to begin work? \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

Have you previously worked at another YMCA? \_\_\_\_\_

Have you the legal right to work in the United States? \_\_\_\_\_

Have you ever been charged with or convicted of a misdemeanor or felony? \_\_\_\_\_

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

Are you interested in: Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_

Will you be available to work overtime? \_\_\_\_\_

List hours you would be available to work:

Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Saturday _____
Sunday _____		

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT HISTORY (List last four employers starting with the most recent.)**

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_  
(Beginning and Ending Month and Year)

Title and brief description of duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_  
(Beginning and Ending Month and Year)

Title and brief description of duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_  
(Beginning and Ending Month and Year)

Title and brief description of duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_  
(Beginning and Ending Month and Year)

Title and brief description of duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**PERSONAL REFERENCES**

List below the names of three people you have know for at least one year. **One person should be a family member.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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**EDUCATION**

**High School**

School Name: \_\_\_\_\_  
Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Junior College**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

**College/University**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

**Graduate School**

School Name: \_\_\_\_\_

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

Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

**Trade School**

School Name: \_\_\_\_\_

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

Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

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**SKILLS**

List any additional special training or seminars: \_\_\_\_\_

\_\_\_\_\_

List any licenses, certificates or professional achievements. Please attach copies. \_\_\_\_\_

\_\_\_\_\_

Foreign Languages:

Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Machines Operate: \_\_\_\_\_

Type: Yes \_\_\_\_\_ WPM: \_\_\_\_\_, No \_\_\_\_\_

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Please read the following before signing this application:

1. I declare that the information submitted in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is cause for dismissal.
2. I understand that any false or incorrect statement or omission of a fact on this application or during the interview process shall result in rejection of my application or my dismissal.
3. I understand that the consideration of my application does not constitute an obligation to offer employment. I authorize investigation of all statements contained in this application.
4. I understand and agree that my employment or independent contract or relationship is for no definite period and may, regardless of the date of payment of my compensation, if any, be terminated at any time without any previous notice.

I have read and understand the above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date