



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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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 _____

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



YMCA of Georgia's Piedmont Statement of Job Applicant

In the YMCA of Georgia's Piedmont efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, character, and health. This inquiry will include conviction criminal history information and information in my background related to child abuse. I fully consent to and authorize all such inquiries. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued employment is contingent upon a clean criminal history background check and a physician's statement showing me to be in good health.

I authorize the YMCA of Georgia's Piedmont to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I also release the YMCA from any liability re: sharing with third parties any child abuse information gathered in this background check or observed during my employment with the YMCA.

In the event of my employment by the YMCA of Georgia's Piedmont, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, including, but not limited, to babysitting or inviting children to my home.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely "employment at will," giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment. Any misrepresentation or omission of facts discovered after employment may be cause for termination of employment with the YMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Applicant Signature: _____ Date: _____



YMCA of Georgia's Piedmont Release of Information

I hereby authorize any person, educational institution or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold the YMCA of Georgia's Piedmont, any former employers, educational institutions and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I hereby authorize that a photocopy of this release be considered as valid.

Applicant Signature

Date

Applicant Printed Name



Release for Criminal Background Check

I, _____, authorize the YMCA of Georgia's Piedmont to conduct a criminal background check including, but not limited to, employment, criminal, educational and credit history. I authorize all agencies who may have information relevant to this investigation to disclose said information to the YMCA of Georgia's Piedmont and/or its agents. I release all persons or agencies from any liability from disclosure of background information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Department

Social Security Number

Print name

Date

Current Physical Address

City, State Zip

Signature

Date of Birth



**YMCA of Georgia's Piedmont
Pre-employment Drug Screen Consent Form**

I have applied for employment with the YMCA of Georgia's Piedmont. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the YMCA of Georgia's Piedmont for any job position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the YMCA of Georgia's Piedmont for screening purposes to conduct such screening and to provide the results to the YMCA of Georgia's Piedmont, and I release the YMCA of Georgia's Piedmont and any person affiliated with the YMCA of Georgia's Piedmont and any such institution or person conducting the screening, from liability therefore.

Applicant Signature

Date

Applicant's Printed Name



**YMCA of Georgia's Piedmont
Board of Directors Policy
"Drug Free Workplace"**

The Board of Directors of the YMCA of Georgia's Piedmont believes it is the right of every employee and volunteer to work or volunteer in an environment void of controlled substances (drugs) or alcohol. Further, the Board recognizes that controlled drug and alcohol use at the work site, on YMCA property, or at satellite facilities seriously impairs not only his/her effectiveness on the job, but also his/her own health. Therefore, it is our resolve to be officially known to all as a "Drug Free Workplace".

Each employee and the public is hereby notified, by this policy, that unlawful manufacturing, dispensing, possession, distribution or use of a controlled substance or alcohol is strictly prohibited at the YMCA or at any YMCA function held away from YMCA property. Any employee or volunteer of the YMCA and shall be subject to such discipline as the Executive Director and Board of Directors determine. Penalties will include, but are not limited to: verbal and/or written reprimands, suspension from duty, requirement to participate satisfactorily in a substance abuse or rehabilitation program, dismissal from duty, and criminal prosecution.

Employees suspected of possessing, selling or distributing drugs will be reported to the proper law enforcement authorities. Should an employee be in possession of an illegal controlled substance or involved in any substance abuse on the job, that employee will be subject to disciplinary actions, which may result in immediate discharge. Should an employee be injured on the job, the YMCA reserves the right to have that employee submit to drug screening to determine if substance abuse caused the accident.

As a condition of employment with the YMCA of Georgia's Piedmont, I agree to abide by the terms and conditions of this policy as listed in the above paragraphs.

Employee Signature

Date