



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of West Central Florida, Inc.
Employment Application**

Mission: to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

**Please answer all questions factually and completely, mark "N/A" to any question that does not apply to you.
Do not leave questions blank.**

YMCA Branch <input type="checkbox"/> Lakeland Family <input type="checkbox"/> Fontaine Gills <input type="checkbox"/> Par 3 <input type="checkbox"/> Child Care	
Position Applying for:	Today's Date:

Last Name _____ First Name _____ Middle Initial _____		
Address _____ City _____ State _____ Zip _____		
Phone _____	Cell _____	Email _____

Education Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Grade Completed? _____			
Name and Location of School/College/University	Course of Study/Major	Did you graduate?	Degree or Certificate Earned
1.			
2.			
3.			
4.			

Certifications/ Licenses/Training (Such as CDL license, CPR, First Aid, Life Guard, Fitness, Child Care, HVAC, Electrical, Mechanical, etc.)		
Description	Date	Expiration
1.		
2.		
3.		
4.		

Specialized Training/Skills/Knowledge (Such as bi-lingual, typing, computer, life saving, customer service, maintenance, etc.) Please Explain:

Interest Statement Please write a brief statement as to why you want to work for the YMCA.

Professional Experience

Have you ever worked for a YMCA? Yes No If yes, where _____ and dates _____

Have you ever applied for a position at this YMCA before? Yes No If yes, when _____

Please list all work experience starting with the most recent. Must include two years and all previous related employment for which you are applying. Attach additional sheets of paper if necessary.

Name of Employer _____

Address _____

Supervisor _____ Phone Number _____

Position Held _____ From (Month/Year) _____ To (Month/Year) _____

Hourly Rate/Salary _____ Reason for Leaving _____

Name of Employer _____

Address _____

Supervisor _____ Phone Number _____

Position Held _____ From (Month/Year) _____ To (Month/Year) _____

Hourly Rate/Salary _____ Reason for Leaving _____

Name of Employer _____

Address _____

Supervisor _____ Phone Number _____

Position Held _____ From (Month/Year) _____ To (Month/Year) _____

Hourly Rate/Salary _____ Reason for Leaving _____

Name of Employer _____

Address _____

Supervisor _____ Phone Number _____

Position Held _____ From (Month/Year) _____ To (Month/Year) _____

Hourly Rate/Salary _____ Reason for Leaving _____

Please explain any gaps in employment history:

Volunteer Experience

Volunteer Supervisor _____ Phone # _____

Volunteer Supervisor _____ Phone # _____

Personal References A minimum of 3 references are required, please include one relative.

Name	Address	Area code & Phone Number	Relationship
1.			
2.			
3.			
4.			

Have you ever had a license (driving, professional, etc.) suspended revoked or denied for any reason? If yes, explain:*	Yes	No
Have you ever been convicted of, plead guilty or plead no contest to a crime, had adjudication withheld, prosecution deferred or do you currently have any criminal charges pending, or anything similar? If yes, explain (Include charge and date):*	Yes	No
Have you ever been convicted of child abuse or neglect? If yes, explain (Include charge and date):*	Yes	No
Is there any legal reason you should not work around children? If yes, explain:	Yes	No
Do you have reliable transportation? If no, explain?	Yes	No
May we contact your current employer? If no, explain:	Yes	No
Are you 18 years of age or older? Child labor laws restrict work hours, times and the number of hours worked per week. Some positions require the employee to work outside these restrictions.	Yes	No
Are you legally eligible to work in the USA? Documentation will be required.	Yes	No

*Note: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment, but the information will be considered in relation to the position that you are seeking.

Availability Please indicate days and times available to work.

Times Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of employment desired ___ Full-time ___ Part-time ___ Seasonal ___ Other _____							
If offered a position when are you available to begin working? _____							

How did you learn about employment opportunities at the YMCA? Check any that apply.

- Family Member
 Friend
 The Ledger
 The News Chief
 Employment Now
 Polk Works
 YMCA Marquee
 Word-of-Mouth
 School/College Posting
 Flyer
 Walk-in
 Job Fair - location _____
 Other _____



Certification & Acknowledgement

_____ "I certify that the information contained in this application is true and accurate to the best of my *Initial* knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration of/or dismissal from employment. I hereby authorize the YMCA to contact my previous employers and my personal references and I understand that the YMCA may choose to do a background investigation which may involve contacting some or all of the following sources: Local Law Enforcement Agencies, Florida Department of Law Enforcement (FDLE), Federal Bureau of Investigations (FBI), Clerk of Courts, Department of Children and Families (DCF), Florida Department of Highway Safety and any/all relevant sources. I hereby authorize all of these sources to release information about me, and I understand that the YMCA may contact sources not listed herein."

_____ "I acknowledge and agree to conform to the rules and policies of the YMCA and understand that my *Initial* employment and compensation is always on an at-will basis. This means my employment can be terminated with or without cause, at any time at the option of either the YMCA or myself. I understand that no representative of the YMCA has any authority to enter into any agreement for employment for any specified length of time, unless the agreement is in writing and signed by the Board of Director Chairperson or President/CEO."

Signature _____ Date _____

Equal Employment Opportunity: It is a policy of the YMCA to implement the Equal Employment Opportunity Act for all employees and applicants for employment without regard to race, creed, religion, mental or physical disability, national origin, color, ancestry, genetics, sex and age.

The YMCA is a smoke free environment. Smoking on YMCA property is prohibited.
The YMCA encourages, promotes, and expects employees to live a healthy lifestyle.

Please attach résumé if desired