



EMPLOYMENT APPLICATION



LEARN, LEAD, and SERVE at the YMCA

Greater Naples YMCA
5450 YMCA Road
Naples, FL 34109
(239) 597-3148 Phone
(239) 597-8415 Fax

Bonita Springs YMCA
27200 Kent Road
Bonita Springs, FL 34135
(239) 992-9622 Phone
(239) 992-9174 Fax

Our Mission Statement:

To put Judeo-Christian Principles into practice through programs that build healthy spirit, mind and body for all

The YMCA is an equal opportunity employer

The YMCA of the Palms is an Equal Opportunity Employer. Applicants will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, disabilities, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

PERSONAL INFORMATION

Last Name		First name		Middle Initial	Date of Application
Home Phone Number/Cell Phone		Social Security Number		Are you under 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Current Street Address		City		State	How long have you lived there? Years ____ Months ____
Previous Street Address		City		State	How long did you live there? Years ____ Months ____
Have you ever worked for a YMCA before? If so, Where? _____ When? _____		Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you applying for <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Type of position desired?		Pay expected?		How were you referred to the YMCA of the Palms? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee referral <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	
Please select Branch preference: <input type="checkbox"/> Bonita Springs <input type="checkbox"/> Greater Naples		Do you have transportation to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		What days are you available for full or part time work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Whatever job requires	
Date available for work: _____					

PREVIOUS EMPLOYMENT

Please list in order of most recent employment first.

Company Name:		Dates of employment: From (month/year) to (month/year)		Starting rate of pay and final rate of pay:	
Company Address:		Supervisor Phone Number:		Your Job Title:	
Supervisor Name and Title:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, why not?		Description of duties:	
Company Name:		Dates of employment: From (month/year) to (month/year)		Starting rate of pay and final rate of pay:	
Company Address:		Supervisor Phone Number:		Your Job Title:	
Supervisor Name and Title:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, why not?		Description of duties:	
Company Name:		Dates of employment: From (month/year) to (month/year)		Starting rate of pay and final rate of pay:	
Company Address:		Supervisor Phone Number:		Your Job Title:	
Supervisor Name and Title:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, why not?		Description of duties:	
Company Name:		Dates of employment: From (month/year) to (month/year)		Starting rate of pay and final rate of pay:	
Company Address:		Supervisor Phone Number:		Your Job Title:	
Supervisor Name and Title:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, why not?		Description of duties:	

EDUCATION

GRADUATE SCHOOL	Name City/State	Degree/Major	G.P.A.	No. of years attended?	Graduated? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	Name City/State	Degree/Major	G.P.A.	No. of years attended?	Graduated? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
HIGH SCHOOL	Name City/State	Favorite Classes	G.P.A.	No. of years attended?	Graduated? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER	Name City/State	Certifications or Degree	G.P.A.	No. of years attended?	Graduated? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIALIZED SKILLS, TRAININGS & CERTIFICATIONS

Please check if you have any training or experience in the following areas.

CPR Lifeguard First Aid Tennis
 Customer Service Child Care 40 hours training Housekeeping
 PC/MAC Spreadsheets/Accounting Maintenance Other (please list below)

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Professional and/or work references we may contact.

1	Name Address	Company Name Phone Number (including area code)	Title How long have you known them?
2	Name Address	Company Name Phone Number (including area code)	Title How long have you known them?
3	Name Address	Company Name Phone Number (including area code)	Title How long have you known them?

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

CRIMINAL AND OTHER OFFENSES

Have you ever been convicted of or plead guilty or nolo contendere (no contest) to a crime? (Information pertaining to sealed or expunged conviction records need not be disclosed.) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Have you ever been a defendant in a civil action for an intentional tort? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide details, including the nature of the tort and the disposition.
Have you ever been convicted of a felony or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:

**PRE-EMPLOYMENT CERTIFICATION
READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE**

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this application is true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of the YMCA of the Palms for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools, and organizations listed in this application form) to release any information they may have about me to the YMCA of the Palms, including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to the YMCA of the Palms of any and all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then the YMCA of the Palms may deny me employment or terminate my employment, and I agree that the YMCA of the Palms shall not be liable in any respect if it does so.

I also understand that if I am employed by the YMCA of the Palms, any such employment is not binding on either party for any specific period of time. I further understand that no representative of the YMCA of the Palms, other than the President & CEO, has any authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the President & CEO. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or other officer of the YMCA of the Palms is invalid and should not be relied upon by me. I understand that if employed, I will be an employee-at-will and that either the YMCA of the Palms or I may terminate the employment relationship at any time for any reason, with or without notice.

Signature of applicant

Date

Please turn your completed application in at the front desk at any YMCA of the Palms location.

FOR EMPLOYMENT DEPT. USE ONLY

Interviewers signature

Date