

# APPLICATION FOR EMPLOYMENT

## NORFOLK FAMILY YMCA

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Numbers				Social Security Number	

In case of an emergency notify:	Phone #
---------------------------------	---------

Position (s) Applied For	Date of Application
--------------------------	---------------------

Date you are available to work: \_\_\_\_/\_\_\_\_/\_\_\_\_      What is your desired wages / salary range? \_\_\_\_\_

Are you available to work?     Full Time      Days & times available \_\_\_\_\_

Part Time      Approximate number of hours preferred \_\_\_\_\_

**Fill out the following portion ONLY if you wish to be employed in the AQUATIC DEPARTMENT:**

**DO YOU HAVE?**

Advanced Lifeguarding Certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date it Expires: _____
CPR Certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date it Expires: _____
First Aid Certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date it Expires: _____
WSI Certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date it Expires: _____

**Please list all Aquatic experiences & Skills:**


Are you 18 years of age or older?  YES  NO

If you are under 18 years of age, you can provide required proof of your eligibility to work?  YES  NO

The YMCA requires all employees to be **CPR** certified. Are you willing to obtain this certification?  YES  NO

Have you ever filed an application with us before?  
If Yes, give date \_\_\_\_\_  YES  NO

Have you ever been employed by us before  
If Yes, give date \_\_\_\_\_ and department \_\_\_\_\_  YES  NO

Do any of your friends or relatives, work here?  
If yes, state name, relationship and department: \_\_\_\_\_  YES  NO

Are you Currently employed.  YES  NO

May we contact your present employer.  YES  NO

Are you currently on "lay-off" status and subject to recall?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment  YES  NO

In the course of employment, have you ever been discharged or asked to resign?  
If yes, - Where? \_\_\_\_\_ Reason \_\_\_\_\_  YES  NO

Have you ever been convicted of a felony?  
If yes, which one \_\_\_\_\_  YES  NO

<b>EDUCATION</b>					
<b>SCHOOL</b>	<b>Name &amp; address Of school</b>	<b>Course of Study</b>	<b>Year Started</b>	<b># of Years Completed</b>	<b>Year Graduated</b>
<b>Grade School</b>					
<b>High School</b>					
<b>Undergraduate College</b>					
<b>Other (Specify)</b>					

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Date Employed		Hour Rate / Salary	
Address	From	To	Starting	Final
Telephone				
Job Title	Work Performed			
Supervisor				
Reason for leaving			May we Contact? Yes ___ No ___	
Employer	Date Employed		Hour Rate / Salary	
Address	From	To	Starting	Final
Telephone				
Job Title	Work Performed			
Supervisor				
Reason for leaving			May we Contact? Yes ___ No ___	
Employer	Date Employed		Hour Rate / Salary	
Address	From	To	Starting	Final
Telephone				
Job Title	Work Performed			
Supervisor				
Reason for leaving			May we Contact? Yes ___ No ___	
Employer	Date Employed		Hour Rate / Salary	
Address	From	To	Starting	Final
Telephone				
Job Title	Work Performed			
Supervisor				
Reason for leaving			May we Contact? Yes ___ No ___	

**Comments: Include explanation of any gaps in employment:**


**PERSONAL / PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name	Phone Number	Best time to call	Occupation
1			
2			
3			

**ADDITIONAL INFORMATION:**

Please list any specialized training, apprenticeships, skills or experiences that may be beneficial in working at the YMCA.


**APPLICANT'S STATEMENT**

I certify that all answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date