



SUMMERVILLE FAMILY YMCA



140 South Cedar Street Summerville SC 29483
Telephone: 843-871-9622 Fax: 843-821-3127

APPLICATION FOR EMPLOYMENT

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

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly and neatly (please print or type) as possible. An incomplete or illegible application will delay processing.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home Telephone No.	Alternate/Cell Number
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext.
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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: (A conviction will not necessarily disqualify you.)		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired
What shift(s) are you able to work: Days? <input type="checkbox"/> YES <input type="checkbox"/> NO Evenings? <input type="checkbox"/> YES <input type="checkbox"/> NO Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO Additional Information: _____		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present or past employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the Summerville Family YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the Summerville Family YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the Company: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (If applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle only one): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Computer Skills, i.e. Word, Excel, WordPerfect, etc.:		<input type="checkbox"/> Other machines requiring special skills:	

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			
Company Name		Phone No.	
Dates of Employment		From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay	
		Start	Final
Supervisor (Name & Title)			
Description of Job Duties			
Company Name		Phone No.	
Dates of Employment		From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay	
		Start	Final
Supervisor (Name & Title)			
Description of Job Duties			
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Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay	
		Start	Final
Supervisor (Name & Title)			
Description of Job Duties			

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Phone

PRE-EMPLOYMENT CERTIFICATION:

I understand that this application is valid for the position applied for at present only and that the Summerville Family YMCA is not obligated to retain or consider this application for future openings.

Initial

I give permission for my written statements on this application to be verified. Falsification, misrepresentation or omission of any fact will result in the removal of my application from the job pool and/or termination of employment.

Initial

If employed by the Summerville Family YMCA, I will abide by its policies and rules. I understand that I will be required to possess a valid driver's license if my position requires me to drive in the course of my work.

Initial

I understand that the Summerville Family YMCA is a drug-free work place and that I may be required to submit to a physical examination and/or a drug screen at the Summerville Family YMCA's expense. I also understand that the results will be released to the Summerville Family YMCA. Failure to submit for testing and/or failure of test will result in termination. Accidents on the job require a drug screen.

Initial

I understand that property in or on the premises of the Summerville Family YMCA such as desks or lockers are subject to subject to search without being notified.

Initial

I understand that the Summerville Family YMCA participates in the Employment at Will Act, which means that the Summerville Family or myself may terminate employment with or without cause at any time, with or without notice. Only the Executive Director has the right to make any other agreements and will do so in writing.

Initial

My signature below certifies that I have read and understand the above statements and to the best of my knowledge, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application.

Applicant Signature

Date of Application