Application Date:



YMCA of Glendale Application for Employment

Equal access to prog	rams, services and emplo		to all persons. T	hose applicant		
First Name	Middle	Last Name		Telephone		
					Cell Number	
Address: Number, Street	t, Apt. #	City Sta	te Zip		Email:	
Position Applying For:				Full Time	☐ Part Time	□ Seasonal
Referral Source: Walk	in \Box Employee \Box	Advertisement	□ Website	□ School	□ Job Fair	□ Other
Are you able to perform the you are applying (with or wi This question is not designed to elido not provide information about to or whether accommodation is neceto the extent permitted by law.	thout reasonable accom cit information about an applic he existence of a disability, pa	nmodation?) cant's disability. Pleas rticular accommoda	☐ Yes ☐ ☐ e cion	the	d more informati job's "essential fu oond.	
Are you 18 years of age or o	over? 🗆 Yes 🗆 No	Are you legally	eligible for emp	oloyment in th	nis country? \Box Ye	es 🗆 No
If you are under 18 and it is	required, can you furnis	sh a work permi	t? □ Yes □ N	No, If no expla	ain	
Have you previously worked	d for any YMCA? Yes	□ No If ye	es, where?		Date?_	
the offense, seriousness and Please note: A Background misrepresented in any resp may result in immediate di Have you ever pleaded "If yes, please provide date (s	check will be run on al ect, will be sufficient ca scharge from the empl 'guilty" or "no conte	l applicants. Info nuse to (i) elimin oyers service, w st" to or been	ormation that is ate from furthe henever it is dis	found to be for considerati	false, incomplete on for employm	or
Sta	arting with your most re	Employment Hecent employer,		wing informa	tion	
Company:		Telephone:		Dates En	nployed:	
Address:				Weekly	From Salary:	To
Immediate Supervisor:			May we contact	for reference	e? □ Yes □ No	□ Later
Reason For Leaving:						
Company:		Telephone:		Dates En		
Address:				Weekly	From Salary:	To
Immediate Supervisor:					e? □ Yes □ No	□ L ater
Reason For Leaving:						

Employment History (continued) Starting with your most recent employer, provide the following information Company: ______Dates Employed:___ From Weekly Salary:_ Address: Immediate Supervisor: _____ May we contact for reference? ☐ Yes ☐ No ☐ Later Reason For Leaving: _____ Explain any gaps in your employment, other than those due to personal illness, injury or disability. If not addressed above, have you ever been fired or asked to resign from a job? \Box Yes \Box No If yes, please explain: ☐ Not Applicable or None Skills and Qualifications List all current special license (es), permit (s), certification (s) and level or credited hours. (CPR, lifeguard, First Aid, etc.) Type: _____ Level: Expires On: Level: Expires On: Level: _____ Expires On: _____ Type: _____ Computer Skills (Check appropriate boxes. Include software titles and years of experience. □ Word Processing ______ Years: ____ □ Spreadsheet ______□ Presentation ______ Years: ____ □ Other ______ Years: □ Presentation _____ Years: **Education Background** Starting with your most recent school attend, provide the following information. School (include City and State) **Years Completed Degree Received** References Not Related to You. List names and telephone numbers of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you. References may include supervisors, co-workers, faith leaders or school counselors. Name Title Relationship To You Telephone # of Years Known Personal References - Relatives Only. List two references who ARE RELATED to you. Relatives Only. List two references who are related to you. Title Relationship To You Telephone Name # of Years Known **Applicant Statement** I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Signature of Applicant _____