



EMPLOYMENT APPLICATION SONOMA COUNTY FAMILY YMCA

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Date: _____

I. PERSONAL INFORMATION				Position Applying For:			
NAME: Last			First		MI		List Available days/hrs:
PRESENT ADDRESS:		Street		City		State	Zip Code
PHONE:				EMAIL:			
Cell:		Other:					
Are you over the age of 18? <input type="checkbox"/> -Yes <input type="checkbox"/> -No If not, please attach work permit							
Have you worked for the YMCA previously? <input type="checkbox"/> -No <input type="checkbox"/> -Yes If Yes, when & where.							
List any relatives working for the YMCA (name & relationship):							
Based on a review of the job description, are you currently able to perform the essential duties of the job(s) for which you are applying,? <input type="checkbox"/> -No <input type="checkbox"/> -Yes							
If no, explain:							
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No							
Date available for work ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary							

Please complete all sections, even if you are furnishing a resume.

II. RECORD OF EDUCATION – Relevant to requirements of job for which you are applying								
School	Name & Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High							<input type="checkbox"/> -Yes <input type="checkbox"/> -No	
College							<input type="checkbox"/> -Yes <input type="checkbox"/> -No	
Other (Specify)							<input type="checkbox"/> -Yes <input type="checkbox"/> -No	

III. SKILLS, LICENSES AND CERTIFICATES
Please list job-related skills, licenses and certificates that you have such as drivers' license, CPR, First Aid, Lifesaving

Certificate, CPA, etc.

IV. EMPLOYMENT HISTORY

List below all past and present employment, starting with the most recent.

Employer	Dates Employed		Work performed.
	From	To	
Address			
Phone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work performed.
	From	To	
Address			
Phone Numbers(s)			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work performed.
	From	To	
Address			
Phone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

If above listings do not include all of your jobs over the past ten years, describe additional jobs on page 3. If you have been out of work for three months or more at any time since graduation (HS or College), please explain.

V. PROFESSIONAL & VOLUNTEER ACTIVITIES

List professional, trade, business or civic activities and offices and positions held.

(You may exclude groups which indicate race, religion, gender, national origin, age, ancestry, or disability)

VI. REFERENCES

Exclude family members or past supervisors

Name	Occupation	Address (Street, City, State, Zip)	Phone Number

VII. SUPPLEMENTAL INFORMATION

Use this space to supplement any information you gave in response to other questions on this form and/or to describe any additional skills, knowledge or experience concerning your qualifications for the position for which you are applying.

VIII. AGREEMENT

I state the information provided by me in this application is true and complete and I understand that falsification of this information is reason not to hire me or, if I have been hired, to terminate me.

I give permission for SCFYMCA to contact any persons or organizations referenced in this application (unless otherwise noted) regarding my previous employment, relevant education or any other subjects covered by this application. I release all such parties from liability for providing such information to you.

I understand that no representative of SCFYMCA has authority to enter into any agreement for employment for any specified period of time or assure any benefits or terms and conditions of employment other than those set forth in the employee handbook prior to or after I am employed.

I consent to a background check using fingerprints and a physical examination, which includes a drug test, either prior to commencement of employment or after I have become employed, as deemed necessary by the employer.

If employed, I agree to follow all policies, procedures, rules and other regulations of the SCFYMCA contained in the employee handbook and other official documents. I also recognize that all applicable work rules and regulations may be changed, interpreted, withdrawn, or be added to by the employer at any time and at the employer's sole option without prior notice.

I further understand that, if I am employed by SCFYMCA, my employment will be at will, and may be terminated with or without cause at any time by me or SCFYMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date

DID YOU KNOW.....YMCA FACTS!!!!

The Sonoma County Family YMCA is a non-profit, 501c3 organization, founded in 1954. Our mission is to enhance the lives of all people through programs designed to develop spirit, mind and body. We are dedicated to the values of caring, honesty, respect & responsibility. Our vision is to be recognized as the leader in character development programs that build strong communities, to be a force for good in the lives of all of those who are involved in YMCA programs, and to be recognized as being able to bring resources to bear on social issues and concerns.

Our Strategic Goals:

We believe that the act of joining and the sense of belonging to the YMCA and all it stands for is a first and fundamental step toward building strong kids, strong families and strong communities.

There is a growing recognition that youth/teens are better equipped to develop into contributing, active members of the community and be able to deal with the challenges and pressures they face when they have an abundant amount of assets supporting them. It is our goal to lead/engage the whole community in increasing the number of Developmental Assets* youth and teens have.

The following are three core initiatives that our YMCA is committed to and thread through all of our programs and what we do daily at the YMCA:

***Developmental Assets**

The Search Institute has identified 40 positive experiences and qualities called Developmental Assets that we, as a community, can provide youth and teens. The more assets young people have, the more likely they will grow up to be caring, competent, responsible adults and find meaningful purpose in life.

Activate America

This is the YMCA's national mobilization effort to promote healthy living among millions of Americans. One of the goals is to change attitudes about health & fitness in a society where youth are becoming more sedentary and less fit. This will be accomplished through educating youth, teens, adults, seniors and families about the benefits of living a healthy lifestyle, as well as providing resources so they can become more active.

Diversity & Inclusion

We are committed to having YMCA programs available to everyone regardless of age, gender, ethnicity, national origin, physical or mental ability, sexual orientation, or religion. Our goal is to celebrate diversity and strengthen inclusion in all Sonoma County Family YMCA program and service areas.

RESULTS OF INTERVIEW

Employed: -Yes -No

Position:

Interviewed by:

Date of Employment:

Offer made by:

Hourly Rate/Salary:

Title:

Date: