

# Employment Application

**SANTA MONICA FAMILY YMCA**

Thank you for your interest in employment with the **SANTA MONICA FAMILY YMCA**. This is a very significant document. You should read it very carefully as you complete it. Answer each item accurately and completely. Failure to do so may result in you not being considered for the position or in your termination if inaccurate or omitted information is discovered after your employment has begun. We consider applicants for all positions without regard to race, color, national origin, religion, sex, age (40 or over), marital status, the presence of a non-job related medical condition or physical/mental disability, or any other legally protected status. We are an **EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**.

## GENERAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER: _____ - _____ - _____		
List all other names which you have used for work or educational purposes: _____ _____		

PRESENT ADDRESS: Street/Apt. No. (No PO Boxes)	CITY	ZIP
HOME PHONE	Alternate / Message Phone	

PREFERRED MAILING ADDRESS:	CITY	ZIP
PHONE		

1. If you are under 18 years of age, can you provide required proof of eligibility to work?	YES   NO
2. Are you prevented from lawfully becoming employed in this country because of visa or immigration status?	YES   NO
3. Have you ever been <b>INDICTED</b> for or <b>CONVICTED</b> of (or pleaded guilty or nolo contendere to) a crime? (An indictment or conviction will not necessarily disqualify an applicant for employment.) If YES, please explain. ____ NO                      ____ YES	

4. Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial)?      \_\_\_ NO      \_\_\_ YES

If yes, please explain fully. (A charge will not necessarily disqualify an applicant.) \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT DESIRED**

1. Position desired: \_\_\_\_\_  
 Hours and days available: \_\_\_\_\_

2. On what date would you be available for work? \_\_\_\_\_

3. Have you ever filed an application with us before?      YES      NO

4. Have you ever been employed with us before?      YES      NO

If yes, state Dates: \_\_\_\_\_ and Position(s): \_\_\_\_\_

5. Are you available to work:       Full time       Part Time       Temporary

**PERFORMANCE OF JOB-RELATED FUNCTIONS**

1. Are you able to perform the duties of the job for which you are applying:  
 \_\_\_ YES      \_\_\_ NO

2. Is there any reason why you would not be able to fully conform to all attendance requirements?

\_\_\_ NO      \_\_\_ YES  
 Describe fully: \_\_\_\_\_  
 \_\_\_\_\_

3. If requested, are you able to work (check all that would apply):

\_\_\_ Days      \_\_\_ Evenings      \_\_\_ Weekends      \_\_\_ Overtime

**REFERENCES**

Please give three references who are not related to you and are not previous employers whom you have known at least one year.

	NAME	ADDRESS	CITY / ZIP	PHONE
1.				
2.				
3.				

## **EMPLOYMENT HISTORY**

Start with your present or last job and list your last 6 employers/jobs. Include any job-related military service, self-employment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

**1.**

Employer Name	<u>Dates Employed</u> From      To		Work Performed:
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title:			
Name and Title of Immediate Supervisor:			
Reason(s) for Leaving:			

**2.**

Employer Name	<u>Dates Employed</u> From      To		Work Performed:
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title:			
Name and Title of Immediate Supervisor:			
Reason(s) for Leaving:			

**3.**

Employer Name	<u>Dates Employed</u> From      To		Work Performed:
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title:			
Name and Title of Immediate Supervisor:			
Reason(s) for Leaving:			

**If you need additional space, please continue on a separate sheet of paper.**

**4.**

Employer Name	<u>Dates Employed</u> From      To		Work Performed:
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title:			
Name and Title of Immediate Supervisor:			
Reason(s) for Leaving:			

**5.**

Employer Name	<u>Dates Employed</u> From      To		Work Performed:
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title:			
Name and Title of Immediate Supervisor:			
Reason(s) for Leaving:			

**6.**

Employer Name	<u>Dates Employed</u> From      To		Work Performed:
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title:			
Name and Title of Immediate Supervisor:			
Reason(s) for Leaving:			

Please account for any time you were not employed in the last 10 years, after leaving school. You need not list any unemployed periods of one month or less.

<u>TIME PERIOD</u>	<u>REASON(S) UNEMPLOYED</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**If you need additional space, please continue on a separate sheet of paper.**

**EDUCATION AND TRAINING**

	Middle School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:				
Describe Major / Minor Course of Study:				
Describe any Trade, Business, or Correspondence Schools:				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities:				
Describe any honors you have received:				
Describe any subjects of special study or research work:				
State any additional or supplemental education, including extension courses, seminars, etc. you feel may be helpful to us in considering your application:				

**MISCELLANEOUS**

List any professional organizations, civic activities, clubs, and other hobbies, skills and interests that you consider relevant to ability to perform the job for which you are applying:

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Do you have any commitments to another entity, business, or person that might affect your employment with our organization?

Explain fully: \_\_\_\_\_

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Indicate any foreign languages you can speak, read, and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**SERVICE RECORD**

<p>In what branch of the U.S. Service did you serve?      ___ Military      ___ Naval</p> <p>Rank: _____</p> <p>What type of relevant education or skills training did you receive in the military?</p> <p>_____</p> <p>Present membership in National Guard or Reserves? _____ Date obligation ends _____</p>
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**APPLICANT'S STATEMENT**

**IMPORTANT AUTHORIZATION**

**Please read carefully and initial each paragraph before signing.**

"I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false or misleading information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date."

\_\_\_\_\_ INITIALS

"I agree to immediately notify the YMCA if I should be convicted of any crime while my job application is pending or during my period of employment, if hired."

\_\_\_\_\_ INITIALS

"I understand that, if hired full-time, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the YMCA unless given permission in writing by an authorized executive of the Santa Monica Family YMCA."

\_\_\_\_\_ INITIALS

**PRE-EMPLOYMENT DOCUMENTS**

"If offered employment, I understand that I will be required to review, complete and execute various employment documents and procedures (including, but not limited to, this application, employee handbook, personnel policy, fingerprinting/background check and employee manual receipt form), and agree that the process of my being hired will not be complete until all employment procedures have been executed and employment documents have been signed."

\_\_\_\_\_ INITIALS

## STATEMENT OF JOB APPLICANT

In the Santa Monica Family YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, character, and health. This inquiry will include conviction criminal history information and information in my background related to child abuse. I fully consent and authorize all such inquiries. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued employment is contingent upon a clean criminal history background check.

I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience and prior employment. I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), personal references and organizations, whether or not named in this application form (and accompanying resume, if any) to provide the YMCA with records, information and opinion that may be useful in making a hiring decision. I waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I release all such informants and the YMCA from all liability for any decision, claim or damage that may result from furnishing and/or relying on such information and opinion (which is truthful or made in good faith). I also release the YMCA from any liability regarding sharing with third parties any child abuse information gathered in this background check or observed during my employment with the Y.

In the event of my employment, I agree to comply with all rules, regulations, policies and procedures of the Santa Monica Family YMCA and with other policies established from time to time by the organization. I also understand that if hired as a YMCA employee, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, including, but not limited to babysitting or inviting children to my home.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I understand and agree that if I am employed, there is no contract period for employment and my employment will be solely "employment at will," giving either me or the YMCA the right to terminate my employment at any time with or without cause, and with or without notice, without liability or obligation except for my regular pay through the date of termination. I further understand that this at-will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. If employed, I further understand and acknowledge that this constitutes the entire agreement between me and the YMCA regarding the term of my employment and supersedes any other oral or written agreement.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment. Any misrepresentation or omission of facts discovered after employment may be cause for termination of employment with the YMCA.

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

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**Date**

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**Applicant's Signature**

**MINOR APPLICANTS UNDER THE AGE OF 18 MUST HAVE THE FOLLOWING  
SIGNED BY THEIR LEGAL PARENT OR GUARDIAN.**

I, \_\_\_\_\_, parent / legal guardian of \_\_\_\_\_,  
hereby grant permission for my minor child to apply for employment and to be employed by  
the Santa Monica Family YMCA.

I further grant permission for the Santa Monica Family YMCA to seek emergency medical  
and/or surgical treatment for the above named minor.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent / Legal Guardian's Signature**