



Application for Employment YMCA of Frederick County

Main Location: 1000 N. Market St, Frederick, Maryland 21701
Ph #: (301) 663-5131 **HRFax #:** (301) 620-0648

We are 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 this YMCA to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

INSTRUCTIONS TO APPLICANT: Please type, or use ink and print legibly to complete this application. If more space is needed, attach a continuation sheet. Please assist us in learning about your experience, abilities, and interests, by **completing the application as thoroughly as possible and sign where indicated.** Applications remain on file for at least 1 year.

PERSONAL DATA

Name: _____
 Last First M

Address _____ Home Phone _____
_____ Business Phone _____
City State Zip Code

Can you, upon accepting employment, provide verification of your legal right to work in the United States? _____ YES _____ NO

If less than 18 years of age, can you provide required proof of your eligibility to work?
_____ YES _____ NO

If the position for which you are applying requires you to drive a vehicle, do you have a valid driver's license? _____ YES _____ NO

Have you ever been convicted of a felony that has not been annulled, expunged or sealed by a court order? YES _____ NO _____ * Note: A criminal record will not necessarily prevent employment. The nature of the offense and relevant circumstances will be reviewed prior to a final determination.

If yes, please explain: _____

U.S. MILITARY SERVICE DATA

Branch: _____ Highest Rank Obtained: _____
Special Training or Skills: _____

EMPLOYMENT DESIRED

Indicate the POSITION desired: _____	F/T or P/T Circle one
Date available for work: _____	Salary Desired: _____

How were you referred to the YMCA?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral** <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other	
Please identify source of the above. _____	
**If employee, give name: _____ (If being offered, referring employee may qualify for special referral awards)	

Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer <input type="checkbox"/> YES <input type="checkbox"/> NO

Has the YMCA ever employed you? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give dates of employment: _____ Which YMCA? _____ What Position? _____
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Have you previously applied for employment at the YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When? _____ List any relatives working for this organization and where they work. _____
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EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree?	Major Subject (Hours Completed)
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. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
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	Computer Skills, i.e. Microsoft Applications, WordPerfect, etc.:		<input type="checkbox"/> Other machines requiring special skills:	

EMPLOYMENT DATA

INSTRUCTIONS: Please provide a complete history, listing all positions held. Use additional sheets of paper if necessary. If submitting a resume, it should contain all information. Leave no time period gaps.

_____ Employer	_____ Supervisor's Name		
_____ Street Address	_____ Your Final Job Title		
_____ City	_____ State	_____ Zip	_____ Telephone Number
<u>Dates employed:</u> From: Mo. _____ Yr. _____		To: Mo. _____ Yr. _____	
<u>Salary:</u> Start: \$ _____ End: \$ _____		May we contact this employer? _____ YES _____ NO	
Duties: _____			
Reason for leaving: _____			
_____ Employer	_____ Supervisor's Name		
_____ Street Address	_____ Your Final Job Title		
_____ City	_____ State	_____ Zip	_____ Telephone Number
<u>Dates employed:</u> From: Mo. _____ Yr. _____		To: Mo. _____ Yr. _____	
<u>Salary:</u> Start: \$ _____ End: \$ _____		May we contact this employer? _____ YES _____ NO	
Duties: _____			
Reason for leaving: _____			
_____ Employer	_____ Supervisor's Name		
_____ Street Address	_____ Your Final Job Title		
_____ City	_____ State	_____ Zip	_____ Telephone Number
<u>Dates employed:</u> From: Mo. _____ Yr. _____		To: Mo. _____ Yr. _____	
<u>Salary:</u> Start: \$ _____ End: \$ _____		May we contact this employer? _____ YES _____ NO	
Duties: _____			
Reason for leaving: _____			

**APPLICANT'S PRE-EMPLOYMENT
CERTIFICATION STATEMENT**

The facts contained in this application are true and complete to the best of my knowledge and I have not withheld any fact or circumstance, which could, if disclosed, affect my application, unfavorably. I understand that any false or misleading statement or any material omission in this application will be grounds for rejection of my application or (if I have been hired) for my immediate dismissal.

Initial

I authorize investigation of all statements contained in this application, information concerning my previous employment, and any other information, personal or otherwise. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of any such investigative report that is made. I release all parties from liability for any damage that may result from furnishing information and opinions to the Frederick County YMCA. I release and indemnify the Frederick County YMCA (and its agents) against any liability that may result from making such an investigation.

Initial

I agree to submit to legally permissible drug and/ or alcohol testing upon request by the Frederick County YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Frederick County YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the Frederick County YMCA without prior notice to me.

Initial

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Frederick County YMCA retains a similar right. I confirm that no promise regarding employment has been made to me and I understand that no such promise or commitment will be binding upon the YMCA unless it is made in writing and signed by the President of the Frederick County YMCA.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

X _____
Signature of Applicant

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT TO EXCEED \$100.00.

X _____
Signature of Applicant

Date

PLEASE LIST 3 REFERENCES (include a former employer and a family member)

Name and Occupation: _____

Address: _____ Phone: _____

Name and Occupation: _____

Address: _____ Phone: _____

Name and Occupation: _____

Address: _____ Phone: _____