

Whatcom Family YMCA - Application for Employment

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or the presence of a non-job related handicap. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application shall be considered sufficient for termination.

1. Name _____
Last First Middle

2. Address _____
Street City State Zip

3. Home Phone _____ Soc. Sec. # _____ License # _____

4. Are you legally eligible for employment in the United States? _____
 State your age if you are under 18 _____ Position applying for: (circle) Front Desk Service Desk
 Rate of pay you expect: \$ _____/hour

5. Do you have any physical limitations that preclude you from performing certain types of work? _____
 If yes, please describe your limitations: _____

6. Do you have any of the following skills: Computer Adding Machine Typing

7. Whom should we contact in case of emergency?
 Name: _____ Day Phone: _____ Evening Phone: _____
 Address: _____ Relationship: _____

Work Experience

8. List below the four most recent positions for which you have received a wage or salary.

Name, Address & Phone #	Name of Immediate Supervisor	Dates of Employment	Description of Duties	Hourly Pay	Reason for Leaving
1.					
2.					
3.					
4.					

May we contact the employers listed above? _____
 If not, indicate by # which one(s) you do **not** wish us to contact _____



Whatcom Family YMCA • 1256 N. State St. • Bellingham, WA 98225 • www.whatcomymca.org

For more information call (360) 733-8630

9. List any volunteer experience

Organization and/or Type of Experience	Name of Supervisor/Contact Person	Dates	Description of Duties
1.			
2.			
3.			

10. Personal References (Please do not list relative or former employers)

Name/Title/Company	Address	Phone	Length of Time Known
1.			
2.			
3.			

11. Philosophy & Background Information:

Why are you applying for a position with the YMCA? _____

12. Current Scheduling Information:

- a. Dates available for work (start date): _____
- b. End date (if necessary): _____
- c. Desired number of hours – Minimum: _____ Maximum: _____
- d. Schedule: Please list your class schedule, other job hours, and any other obligations you may have:
- e. Days and times you are willing to work (check all that apply):
 - a. Weekday morning's _____
 - b. Weekday afternoon's _____
 - c. Weekday evening's _____
 - d. Weekend mornings _____
 - e. Weekend afternoons _____
 - f. Weekend evenings _____

Notes: _____

13. Would you be willing to give any volunteer time for programming or training, and why? _____

14. Please note: Applicant agrees to the following conditions of employment:

- a) A pre-employment health evaluation, if required.
- b) Meet minimum or maximum age requirements of applicable laws, and submitting proof of age, if required.
- c) Submitting proof of citizenship or U.S. work permit, if required.
- d) Completing and executing surety bond application, if required.
- e) Meeting attendance and performance requirements.
- f) Conforming to other policies of the Whatcom Family YMCA.
- g) Additionally, I authorize the Whatcom Family YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, my experience, and prior employment. You, or your representatives may make inquiries or requests, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

15. I swear all statements in this application are true and correct and if any information submitted is false it shall be cause for dismissal. I have been advised that you may cause an investigative report to be prepared on all information contained herein, and I hereby consent thereto. I understand permanent employment may be contingent upon receipt of Alien Registration Number, verification of date of birth and any other pertinent information bearing upon my continued employment. I have been advised and understand I have the right to request a disclosure in writing of the nature and scope of the investigation.

Signature of Applicant _____ Date _____

Thank you for taking the time to complete this application and for considering employment with the Whatcom Family YMCA.

For office use only		
Interviewer comments: _____		

Date Started _____	Wage _____/hour	Supervisor _____
Date Terminated _____	Last Wage _____/hour	