



YMCA

We build strong kids,
strong families, strong communities.

YMCA OF Greater Spartanburg

APPLICATION FOR EMPLOYMENT

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 the YMCA of Greater Spartanburg to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests,
please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

| | | |
|---|-------------------------------------|---------------------------------------|
| NAME: Please PRINT or TYPE | Social Security No. | Home Telephone No. |
| ADDRESS: Street Number and Name, City, State, Zip Code | Number of years at present address? | Message/Business No. + Ext. () |
| Email Address: | | |
| Are you 16 years old or older? If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.) | | |
| Are you able to perform all of the tasks associated with the position for which you are applying, with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: | | |

EMPLOYMENT DESIRED

| | | |
|---|---|----------------|
| Type of POSITION desired: For which branch are you applying? <input type="checkbox"/> Pine Street <input type="checkbox"/> Middle Tyger <input type="checkbox"/> Either Branch | Date Available | Salary desired |
| 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 | | |
| Please tell us the hours that you will be able to work. | | |
| Have you ever applied at the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? | Have you ever been employed by the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? | |
| How were you referred to the Company: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____ | | |

EDUCATION AND TRAINING

| SCHOOL NAME & LOCATION | Years Attended From To | Graduate? (Yes/No) | What Degree | Major Subject/ Total Hours (if applicable) |
|--|--|-----------------------|---|--|
| Elementary | | | | |
| High School | | | | |
| College/University | | | | |
| College/University | | | | |
| Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate | | | | Overall College Scholastic Average |
| 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 | <input type="checkbox"/> Computer Skills, i.e. Excel; Word, etc.: | | <input type="checkbox"/> Other machines requiring special skills: | |

U.S. MILITARY SERVICE DATA

| |
|----------------------------------|
| Branch: |
| List Special Training or Skills: |

EMPLOYMENT DATA

| PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST | | | | Reason For Leaving |
|--|-----------------|--|--|--------------------|
| Company Name | | Phone No. () | Dates of Employment From (Mo/Yr) To (Mo/Yr) | |
| Address (Include Street, City, State, Zip Code) | | | | |
| Job Title-Start | Job Title-Final | Base Rate of Pay Start Final | | |
| Supervisor (Name & Title) | | | | |
| Description of Job Duties | | | | |
| Company Name | | Phone No. () | Dates of Employment From (Mo/Yr) To (Mo/Yr) | |
| Address (Include Street, City, State, Zip Code) | | | | |
| Job Title-Start | Job Title-Final | Base Rate of Pay Start Final | | |
| Supervisor (Name & Title) | | | | |
| Description of Job Duties | | | | |
| Company Name | | Phone No. () | Dates of Employment From (Mo/Yr) To (Mo/Yr) | |
| Address (Include Street, City, State, Zip Code) | | | | |
| Job Title-Start | Job Title-Final | Base Rate of Pay Start Final | | |
| Supervisor (Name & Title) | | | | |
| Description of Job Duties | | | | |
| Company Name | | Phone No. () | Dates of Employment From (Mo/Yr) To (Mo/Yr) | |
| Address (Include Street, City, State, Zip Code) | | | | |
| Job Title-Start | Job Title-Final | Base Rate of Pay Start Final | | |
| Supervisor (Name & Title) | | | | |
| Description of Job Duties | | | | |

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

| Name | Address | Area Code | Phone |
|------|---------|-----------|-------|
| | | | |
| | | | |
| | | | |

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA of Greater Spartanburg will retain this application for a period of 1 year.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA of Greater Spartanburg to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the YMCA of Greater Spartanburg, I will abide by their policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA of Greater Spartanburg. I recognize that the results of these tests may be used to determine my employment or continued employment. I also understand that after employment, I may be asked to submit to random drug testing.

Initial

I understand and expressly agree that if employed by the YMCA of Greater Spartanburg, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

I understand expressly agree that upon termination of employment by the YMCA of Greater Spartanburg, I will return all YMCA property to the YMCA of Greater Spartanburg. This can include, but is not limited to, keys, shirts, credit cards, and tools.

Initial

If I am employed by the YMCA of Greater Spartanburg, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that all employees are required to satisfactorily complete a 90-day calendar evaluation period. I understand that, other than the President of the YMCA of Greater Spartanburg, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Initial

Signature certifying all of the above _____ Date _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA of Greater Spartanburg concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

FOR SUPERVISOR USE ONLY

Date of interview: _____

It is our pleasure to offer _____ a position at the _____
Branch of the YMCA of Greater Spartanburg. The provisions and conditions are outlined below:

Starting date: _____

The position is : Fulltime Part-time Temporary to begin _____ and end _____

This employee : will drive YMCA vehicles (attach DMVR) will not drive YMCA vehicles

*Rate of pay: _____ for the position of _____

*Rate of pay: _____ for the position of _____

*Rate of pay: _____ for the position of _____

*Membership in the YMCA for you during your term of employment.

*Opportunity to join Founder's Federal Credit Union.

*Participation in the YMCA Retirement Plan after the age of 21, and completion of 1,000 hours per year for any 2 years of employment within a 6 year range.

Acceptance of the above terms:

Employee Signature _____ Date: _____

Signature of Supervisor _____ Date: _____