

Young Men's Christian Association of Metropolitan Washington

APPLICATION FOR EMPLOYMENT

Please Print and Answer All Questions. Resumes Are Not A Substitute for a Completed Application. This application will be valid for 90 days. If you wish to be considered for an open position at the YMCA of Metropolitan Washington after that time, you must resubmit your application.

The YMCA of Metropolitan Washington is an equal opportunity employer. Applicants are considered for positions without regard to race, color, religion, sex, national origin, age disability, marital status, sexual orientation, protected veteran status or any other consideration made unlawful by applicable federal, state, or local laws. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify the Association Director of Human Resources at (202) 232-6700.

Mission Statement:

To foster the spiritual, mental and physical development of individuals, families and communities according to the ideals of inclusiveness, equality and mutual respect of all.

FIRST NAME	MI	LAST NAME
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STREET ADDRESS LINE 1	STREET ADDRESS LINE 2
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CITY	STATE	ZIP CODE/EXT.	COUNTY	TELEPHONE NO. () ()	CELL TELEPHONE NO. () ()
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Have you been employed by a BRANCH of the YMCA of Metropolitan Washington or by another YMCA organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give YMCA name and address: _____	Position Applied for:	Desired Salary/Hourly Rate:	Date on which you can start work if hired:
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Type of employment you are looking for:
 Full Time Part time Temporary Summer Intermittent (Specific Hours/ Days): _____

List all special technical skills that you feel qualify you for the job for which you are applying: _____

Organizational/memberships which you consider relevant to your ability to perform the job for which you are applying (exclude organizations that indicate your sex, race, religion, sexual orientation, national origin, age, and other characteristics protected by law) : _____

Personal achievements: (Training/special skills/language proficiency) _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been convicted of a felony within the last 7 years?* Yes No If YES, explain. Use additional sheets if necessary and indicate "See attached."

*In answering this question, you are not obligated to disclose any convictions that have been sealed, annulled, expunged, dismissed, erased, cleaned, vacated, or officially pardoned. Criminal convictions will not automatically disqualify an applicant from employment with the YMCA. This information will be used for job-related purposes consistent with applicable law. The YMCA will consider factors such as the nature of the crime, its seriousness, whether the conviction(s) substantially relate(s) to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's work and educational history, employment references and recommendation, and indicia of rehabilitation. Failure to honestly answer this question will result in discontinued consideration of your application or termination of your employment.

Education	School Name and Location	Courses or Major	Graduate : Yes or No	Degree
Grade School				
High School				
College				
Bus./Tech./Trade or Post College				

PROFESSIONAL REFERENCES:
 Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP	EMAIL	DAY TIME CONTACT NO.

If your references will know you by a first or last name other than the one provided on this application, please indicate the other name(s) by which you may be identified here:	List Professional License(s) Applicable to the Position(s) Sought: _____ State: _____ Type: _____ Number: _____
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EMPLOYMENT EXPERIENCE: Please list the names of your present or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, provide company name and business references. You may include any verifiable work performed on a volunteer basis, internships or military service. Your failure to completely respond to each inquiry may disqualify you for future consideration from employment. Use additional sheets if necessary and indicate "See attached."

Employer #1		
Name	Address	Telephone
Job Title	Last position/Duties	Wages: Start _____ Final _____
Supervisor's Name and Title		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____
Reason for Leaving:		How much notice did you give when resigning? If none, explain: _____

Employer #2		
Name	Address	Telephone
Job Title	Last position/Duties	Wages: Start _____ Final _____
Supervisor's Name and Title		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____
Reason for Leaving:		How much notice did you give when resigning? If none, explain: _____

Employer #3		
Name	Address	Telephone
Job Title	Last position/Duties	Wages: Start _____ Final _____
Supervisor's Name and Title		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____
Reason for Leaving:		How much notice did you give when resigning? If none, explain: _____

Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your employment ever been terminated by mutual agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been given the choice to resign rather than be terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been disciplined by any of your employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes to any of these questions, please explain the circumstances of each occasion (use an additional sheet if necessary and indicate "See attached"). _____ _____
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For purposes of compliance with the Immigration Reform and Control Act, are you legally authorized to work in the United States? Yes No
 If yes, are you authorized to work for all employers in the United States on a full time basis, or only for your current employer? All Employers Current Employer Only
 Under the Immigration Reform and Control Act of 1986, if hired by the YMCA you will be required to provide genuine documentation establishing your identity and eligibility to be legally employed in the United States.

MARYLAND APPLICANTS: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OR EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.
I have carefully read the above Maryland Polygraph Statement and understand the statement.

Signature: _____ Date: _____

Please read carefully before initialing each paragraph and then signing below, as these items represent significant matters in connection with your potential employment.

_____ I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if I am employed, any misstatement or omission of fact on this application or in related interviews shall be considered cause for my immediate dismissal.

_____ I authorize the YMCA or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state or local law.

_____ I authorize the YMCA of Metropolitan Washington to contact and seek information from references, educational institutions, and past and present employers, supervisors, and colleagues regarding this application and my work habits, performance record, ability to form effective working relationships with co-workers, technical skills and any other job related information which will enable the YMCA of Metropolitan Washington to evaluate my suitability for employment. I authorize the YMCA of Metropolitan Washington to rely upon and use, as it sees fit, any information received from such contacts.

_____ I understand that the YMCA of Metropolitan Washington is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with the YMCA of Metropolitan Washington. In addition, if an employment relationship is established, I understand that I have the right to terminate my employment at any time with or without notice, that YMCA of Metropolitan Washington retains a similar right to terminate my employment at any time with or without cause of notice, and that this cannot be altered except by an express written agreement signed by myself and an officer of YMCA of Metropolitan Washington. I also understand and agree that no manager or other representative of YMCA of Metropolitan Washington has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment (including compensation). I understand and agree that, if hired, I will be required to abide by all rules and regulations of the YMCA of Metropolitan Washington, and that my wages, benefits, and conditions of employment can be changed by the YMCA of Metropolitan Washington at any time in its sole discretion.

_____ APPLICANT'S SIGNATURE	_____ / _____ / _____ DATE
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