



YMCA OF THE GREATER HOUSTON AREA

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the YMCA of the Greater Houston Area ("the YMCA"). The YMCA is an equal opportunity employer and selects the best matched individual for each position based on job-related qualifications, regardless of race, religion, national origin, age, sex, veteran status, disability, or other protected status under state, federal, or local employment laws.

PLEASE PRINT & FILL OUT THIS FORM FULLY AND ACCURATELY.

PLEASE LET US KNOW IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

| | | | | | | | |
|--|-----------------------------|--|--------------|---|------------------------------|--|--------------------------------------|
| YMCA CENTER DESIRED: | | WHAT SPECIFIC POSITION(S) ARE YOU APPLYING FOR? | | I AM INTERESTED IN WORKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER ONLY <input type="checkbox"/> PART TIME / Please specify days & times preferred: <input type="checkbox"/> SUBSTITUTE/ ON-CALL on the following days: | | | |
| LAST NAME | | FIRST | MIDDLE INT'L | SOCIAL SECURITY NUMBER (optional) | e-MAIL ADDRESS | | TODAY'S DATE |
| CURRENT STREET ADDRESS / APT# | | | CITY | STATE | ZIP CODE | CURRENT PHONE # | |
| PERMANENT (W-4) STREET ADDRESS / APT# | | | CITY | STATE | ZIP CODE | PERMANENT PHONE # | |
| ARE YOU <u>AT LEAST</u> ? 15 YEARS OF AGE YES NO 16 YEARS OF AGE YES NO 18 YEARS OF AGE YES NO 21 YEARS OF AGE YES NO | | Have you ever been convicted of a misdemeanor or a felony, received deferred adjudication, or probation, pled guilty or no contest to any criminal offense, or been convicted in a military court-martial? <u>Important:</u> For purposes of employment with this YMCA, "conviction" includes sentenced to confinement, paid a fine, time served, placed on probation (including deferred adjudication) and/or any court-ordered restitution. <input type="checkbox"/> NO <input type="checkbox"/> YES. | | | | | |
| | | NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness, nature of the violation(s), and rehabilitation will be taken into consideration. | | | | | |
| IF OFFERED A POSITION WITH THE YMCA, CAN YOU SUBMIT LEGAL VERIFICATION OF YOUR RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | IN CASE OF EMERGENCY, NOTIFY: NAME: _____ PHONE #: _____ | | | |
| HAVE YOU EVER BEEN EMPLOYED BY ANY YMCA? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT ASSOCIATION & CENTER? _____ WHEN? _____ POSITION? _____ | | | | | | | |
| RELATIVES EMPLOYED BY THE YMCA? <input type="checkbox"/> NO <input type="checkbox"/> YES | | RELATIVE'S FULL NAME: _____ | | AT WHICH YMCA IS RELATIVE EMPLOYED? _____ | | RELATIONSHIP: _____ | THEIR POSITION AT THE YMCA: _____ |
| WHY WOULD YOU LIKE TO WORK WITH THE YMCA? | | | | | | SALARY / PAYRATE EXPECTATION \$ _____ PER HOUR / YEAR | |
| EDUCATION HISTORY: | | CIRCLE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 | | | COLLEGE: 1 2 3 4 | | GRADUATE SCHOOL: 1 2 3 4 |
| SCHOOLS | SCHOOL NAME AND ADDRESS(ES) | | | DIPLOMA/DEGREE RECEIVED | GRADE AVERAGE | DEGREE/AREA OF SPECIALIZATION | |
| HIGH SCHOOL OR GED | | | | | | | |
| COLLEGE | | | | | | | |
| GRADUATE SCHOOL | | | | | | | |
| OTHER/ TECH SCHOOL | | | | | | | |

Please complete other side...

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|---|---|
| OFFICE SKILLS: TYPING: _____ wpm (If applicable) 10-KEY : <input type="checkbox"/> By Touch <input type="checkbox"/> Light <input type="checkbox"/> None | PROFICIENT IN THE FOLLOWING SOFTWARE (please check all that apply): <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Other: _____ |
|---|---|

CERTIFICATIONS, LICENSES & SPECIALIZED SKILLS

(List only if related to job. Provide expiration date, if applicable)

| CERTIFICATION(S) | ✓ | EXPIRATION DATE(S) | FROM WHOM? | THIS SECTION TO BE COMPLETED ONLY BY APPLICANTS WHO MAY BE REQUIRED TO DRIVE A YMCA VEHICLE: |
|-------------------------|---|--------------------|------------|---|
| CPR | | | | State Issued: Expiration Date: Type of license(s): <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ |
| DEFENSIVE DRIVING | | | | |
| FIRST AID | | | | |
| LIFE GUARDING | | | | |
| OTHER: | | | | |
| PROFESSIONAL LICENSE(S) | | | | |

EMPLOYMENT HISTORY: I hereby authorize the YMCA to thoroughly investigate my employment history and other references. I also request my present and former employers to release employment information about me that may be sought in connection with the submission of this employment application, with the following exceptions: _____ I further release and hold harmless any and all companies and individuals listed, along with the YMCA and its employees and representatives, from any and all claims and liability in connection with the release of information concerning my job performance and employment history.

| DATES | EMPLOYED BY | POSITION HELD | RATES OF PAY: | PRIMARY RESPONSIBILITIES | REASON FOR LEAVING |
|-------|---|---------------|---------------|--------------------------|--------------------|
| FROM: | EMPLOYER: | | Start \$ | | |
| TO: | City State Phone # () | | Finish \$ | | |
| FROM: | EMPLOYER: | | Start \$ | | |
| TO: | City State Phone # () | | Finish \$ | | |
| FROM: | EMPLOYER: | | Start \$ | | |
| TO: | City State Phone # () | | Finish \$ | | |

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION. PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN BELOW.

I understand that this is only an application for employment, that no employment is being offered, and that this and any other YMCA documents are not contracts of employment. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. Any person who is hired will be employed "at-will," and may voluntarily leave employment without notice or may be terminated by the YMCA without notice at any time, for any reason. I understand that the YMCA is free to change wages, benefits, policies, and conditions of employment at any time.

I understand that proof of identity and legal eligibility for employment will be required upon employment. I understand that the YMCA of Greater Houston believes and practices five core values: Honesty, Respect, Responsibility, Caring, & Faith. I understand that the YMCA is a drug-free employer and has a Substance Abuse Policy which includes, but is not limited to, pre-employment screening, as well as random, post-accident, and "reasonable suspicion" testing.

I understand that any offer of employment is contingent upon successfully passing a criminal history review and a pre-employment drug screen, in addition to any interviews and required certifications/licenses. Additionally, a physical examination, and verification of an acceptable motor vehicle driving record may be required for applicable job categories.

I certify that all statements and information I have given in the course of applying for a position with the YMCA are true and complete. I authorize the YMCA to thoroughly investigate and verify all data, oral statements, and related papers submitted in relation to my application for employment. I understand that any material misrepresentation(s) or omission(s), made in the course of applying for a job may be justification for refusal of employment or termination, if hired, regardless of time of discovery. I agree to abide by all present and any subsequently issued rules and policies of the YMCA.

SIGNATURE OF APPLICANT _____

DATE: _____

Please complete other side...

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