



The Alamance County Community YMCA
1346 South Main Street
Burlington, NC 27215
Phone (336) 395-9622, Fax (336) 229-4507

APPLICATION FOR EMPLOYMENT:

Date: _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____ Telephone # _____

Email Address _____

Blog or Personal Website, (Myspace, Friendster, Facebook, etc...) _____

Days and Hours Available to Work (Please be specific) _____ Possible Starting Date _____

Desired Position/Area of Interest (Please be specific)

Department of Interest Customer service, Aquatics, Fitness, Nursery, Sports,
(Please check one) Youth Programs, Summer Custodial, Volunteer Maintenance.
Day Camps,

EDUCATION – Please list most recent first:

<u>School/College</u>	<u>Years Attended</u>	<u>Major Subject</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____

Skills/Other Information

Briefly describe your talents or occupational skills which qualify you for the position desired.

What community activities or organizations have you been involved in which reflect your leadership skills and that you are a person with good character?

List several character traits which accurately describe who you are and the way you relate to people.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Employment Record – Answer questions for each period of employment. Begin with the present or most recent position. If more space is needed, attach another sheet. Please explain any gaps in employment.

Title of present or most recent position _____

Name of Employer _____

Address _____

Employment Dates: Beginning _____ Ending _____

List main responsibilities _____

Name of Supervisor _____

May we contact this person? _____ Provide telephone number _____

Number of hours you worked weekly _____ Weekly Salary _____

Reason for Leaving _____

Title of PRIOR position _____

Name of Employer _____

Address _____

Employment Dates: Beginning _____ Ending _____

List main responsibilities _____

Name of Supervisor _____

May we contact this person? _____ Provide telephone number _____

Number of hours you worked weekly _____ Weekly Salary _____

Reason for Leaving _____

Personal Reference (Family Member)- Please provide a personal reference from a family member.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Relationship _____

Why we are a YMCA! – The Alamance County Community YMCA feels a strong responsibility to the community to be a vital force for wholesome and healthy living experiences. We are committed to fulfill our role by being true to the following mission statement.

YMCA MISSION – *To put Christian principles into practice through programs that build healthy spirit, mind and body for all.*

Why do you want to work at the YMCA? Please discuss your motivation.

How do your personal standards of conduct relate to the YMCA standards?

Please discuss what contributions you feel you can make to the Alamance County Community YMCA.

Have you ever been convicted of a crime (other than minor traffic violations)? _____

If yes, please explain: _____

Signature

By placing my signature below, I hereby certify that all information given is true and correct. I further acknowledge that any falsification may result in termination of employment. I understand that I must agree to submit to a criminal records background check prior to my subsequent employment.

Signed: _____

Date: _____

Alamance County Community YMCA PRE-EMPLOYMENT DISCLOSURE

AUTHORIZATION AND RELEASE

I understand that Alamance County Community YMCA or other authorized third parties may be conducting a background check in connection with my application for employment. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, credit history and such other information that may be required.

I understand that Alamance County Community YMCA may rely on all or any part of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by Alamance County Community YMCA based upon any of this information, that I will be provide a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that a background check may be performed by Alamance County Community YMCA or its representatives as a part of the pre-employment process in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connection with an application for employment. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as a part of the background check.

I, the undersigned applicant for employment, have read this Pre-employment Disclosure and by signing below, hereby authorize Alamance County Community YMCA, its representatives, agents and authorized third parties, including SOI Online, to conduct a background check, as described herein, in conjunction with my application for employment and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to Alamance County Community YMCA, SOI Online or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth I order to obtain, and to verify records obtained in, the background check.

Signature: _____ Date: _____

Printed Name: _____

*******THE INFORMATION SUPPLIED BELOW SHALL ONLY BE USED TO REQUEST AND VERIFY RECORDS*******

Current Address: _____

Maiden Names/
Prior Names: _____

Social Security Number: _____ Birth Date: _____

Driver License #: _____ State: _____ Exp. Date: _____

For Office Use Only: _____ **Submitted By (initial):** _____