



Metropolitan YMCAs of Mississippi APPLICATION FOR EMPLOYMENT

We're an **equal opportunity** employer. All applicants will be considered for **employment** without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.

CONTACT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS	CITY/STATE/ZIP CODE	GENDER
CELL/HOME PHONE	EMAIL	

WHICH LOCATION ARE YOU APPLYING TO? (please check all that apply)

CLINTON FAMILY YMCA

FLOWOOD FAMILY YMCA

RESERVOIR YMCA

POSITION(S) APPLIED FOR, CHECK ALL THAT APPLY:

CHILDCARE

OFFICE/ADMIN

MEMBERSHIP

LIFEGUARD

FITNESS

OTHER _____

HOW DID YOU LEARN ABOUT US?

ADVERTISEMENT

FRIEND

WALK-IN

OTHER _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?	YES	NO
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? DATES OF PREVIOUS EMPLOYMENT _____	YES	NO
ARE YOU CURRENTLY EMPLOYED?	YES	NO
MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES	NO
ARE YOU PRESENTLY AUTHORIZED TO WORK IN THE U.S.?	YES	NO
HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF FEDERAL, STATE, COUNTY OR MUNICIPAL LAW IN THE LAST 5 YEARS? Conviction will not necessarily disqualify an applicant from employment.	YES	NO
IF YES, PLEASE EXPLAIN:		

EDUCATION

	NAME OF SCHOOL	GRADUATE	DIPLOMA/DEGREE
HIGH SCHOOL		YES NO	
UNDERGRADUATE COLLEGE		YES NO	
GRADUATE COLLEGE		YES NO	
VOCATIONAL COLLEGE		YES NO	

LIST ALL CERTIFICATES, LICENSES OR SPECIAL TRAINING:

US BRANCH OF SERVICE: _____ DATES: _____

CHECK THE CLASS OF ACTIVE DRIVERS LICENSE CURRENTLY ISSUED TO YOU:

REGULAR LICENSE

CLASS D

CLASS B

CLASS A

HAVE YOU BEEN ISSUED ANY TRAFFIC VIOLATIONS IN THE PAST 3 YEARS?

YES

NO

EMPLOYMENT EXPERIENCE

Begin with your last employer.

EMPLOYER		REASON FOR LEAVING	SKILLS PERFORMED
CITY/STATE		DATES EMPLOYED	
TELEPHONE NUMBER(S)		STARTING HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	FINAL HOURLY RATE/SALARY	

EMPLOYER		REASON FOR LEAVING	SKILLS PERFORMED
CITY/STATE		DATES EMPLOYED	
TELEPHONE NUMBER(S)		STARTING HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	FINAL HOURLY RATE/SALARY	

EMPLOYER		REASON FOR LEAVING	SKILLS PERFORMED
CITY/STATE		DATES EMPLOYED	
TELEPHONE NUMBER(S)		STARTING HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	FINAL HOURLY RATE/SALARY	

EMPLOYER		REASON FOR LEAVING	SKILLS PERFORMED
CITY/STATE		DATES EMPLOYED	
TELEPHONE NUMBER(S)		STARTING HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	FINAL HOURLY RATE/SALARY	

You may exclude organizations which indicate race, color, religion, gender, national origin or disabilities.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may reign at any time and Employer may discharge Employee at any time with our without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

REFERENCE CONTACT INFORMATION – Please provide (TWO) Professional and (ONE) Personal/Family Reference

NAME	PROFESSIONAL RELATIONSHIP
PHONE	EMAIL
NAME	PROFESSIONAL RELATIONSHIP
PHONE	EMAIL
NAME	RELATIONSHIP
PHONE	EMAIL

Requested by: _____

DRUG TESTING AND BACKGROUND RECORD REQUEST

FULL NAME		SOCIAL SECURITY NUMBER	
BIRTH DATE	ADDRESS	CITY/STATE/ZIP	
DRIVERS LICENSE #		DRIVERS LICENSE EXPIRATION DATE	

CRIMINAL BACKGROUND REPORT:

I hereby acknowledge that Metropolitan YMCAs of Mississippi (the Y) requires that employees submit to a criminal background check. I further acknowledge that submission to such checks is a term and condition of employment or of continued employment. I hereby authorize any law enforcement agency to release any information concerning criminal convictions to the Metropolitan YMCAs of Mississippi; and I hereby release, acquit and agree to hold harmless from any and all resulting liability and covenant not to sue this law enforcement agency in connection with releasing such information.

MEDICAL / DRUG / ALCOHOL SCREENING:

I hereby acknowledge that Metropolitan YMCAs of Mississippi requires that employees submit to medical, drug and/or alcohol screening examinations if requested to do so, subject to federal and state law requirements. I further acknowledge that submission to such examinations is a term and condition of employment or of continued employment. I understand and realize that the examination results and opinions may prove unfavorable to me; I also consent that the Company's physician/drug screening examiner may disclose the results and the information obtained by reason of any medical, drug and/or alcohol screening examination, to my employer.

MOTOR VEHICLE RECORD:

I hereby acknowledge that Metropolitan YMCAs of Mississippi requires that employees submit to a motor vehicle background check. I further acknowledge that submission to such checks is a term and condition of employment or of continued employment. I hereby authorize any law enforcement agency to release any information concerning my motor vehicle records to the Metropolitan YMCAs of Mississippi; and I hereby release, acquit and agree to hold harmless from any and all resulting liability and covenant not to sue any agency or company in connection with releasing such information. I also authorize the Y to release information regarding motor vehicle records to outside agents working on behalf of the Metropolitan YMCAs of Mississippi.

EMPLOYMENT REFERENCES:

I hereby voluntarily consent to allow Metropolitan YMCAs of Mississippi to check my references by contacting any person who they deem to be an appropriate reference and by asking any questions that they consider relevant to their hiring decision. I hereby release the addressed individual, company or institution, including the Y, from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be effective and valid as the original.

I have read the above statements and authorize Metropolitan YMCAs of Mississippi to obtain any of the background information listed above, as they deem necessary to evaluate my suitability for employment.

Signature of Applicant _____ Date _____