



# APPLICATION FOR EMPLOYMENT YMCA OF SAN DIEGO COUNTY

The YMCA of San Diego County is an Equal Employment Opportunity Employer dedicated to employing a diverse workforce.

Please answer all questions completely.

FIRST NAME		LAST NAME		INITIAL
POSITION DESIRED	BRANCH NAME	DATE	ARE YOU CURRENTLY EMPLOYED AT THE YMCA OF SAN DIEGO COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE LOCATION:

### HOW DID YOU FIND OUT ABOUT THE POSITION YOU ARE APPLYING FOR?

<input type="checkbox"/> YMCA EMPLOYEE _____	<input type="checkbox"/> NEWSPAPER _____	<input type="checkbox"/> JOB FAIR _____
<input type="checkbox"/> COLLEGE RECRUITING _____	<input type="checkbox"/> INTERNET _____	<input type="checkbox"/> WALK-IN _____
<input type="checkbox"/> OTHER _____		

PERMANENT ADDRESS	CITY/STATE/ZIP
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HOW LONG AT THIS ADDRESS?	TELEPHONE	EMAIL ADDRESS	OTHER STATES LIVED IN DURING PAST 10 YEARS
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HAVE YOU EVER WORKED FOR A YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, YMCA NAME AND ADDRESS:	DO YOU HAVE ANY RELATIVES WORKING FOR THE YMCA? IF SO, PLEASE LIST NAME(S) <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU PARTICIPATED IN THE YMCA RETIREMENT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU AT LEAST 18 YEARS OF AGE (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR OBTAINED YOUR EDUCATION
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HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, STATE LOCATION, DATE AND DESCRIPTION EXCEPT FOR OFFENSES PERTAINING TO MARIJUANA MORE THAN TWO YEARS AGO <input type="checkbox"/> YES <input type="checkbox"/> NO
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### EDUCATION/SKILLS/AWARDS

NAME AND ADDRESS OF SCHOOL OR INSTITUTION	MAJOR	DEGREES/DIPLOMAS

HONORS/AWARDS RECEIVED	PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU TAKING ANY EDUCATIONAL COURSES PRESENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, WHAT COURSE AND WHERE?

### TO BE COMPLETED BY THOSE APPLYING FOR CHILD CARE, AQUATICS AND/OR DRIVER POSITIONS

#### CHILD CARE - MUST SUBMIT CURRENT CERTIFICATIONS

COMMUNITY FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER FIRST AID (SPECIFY)	ADULT/INFANT & CHILD CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	CHILD DEVELOPMENT OR RELATED UNITS:
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#### AQUATICS - MUST SUBMIT CURRENT CERTIFICATIONS

BASIC FIRST AID EXP: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	AED EXP: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	CPR FOR PROFESSIONAL RESCUER EXP: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	O2 EXP: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
YMCA OR RED CROSS LIFEGUARD EXP: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	WSI OR YMCA SWIM INSTRUCTOR EXP: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST OTHER CERTIFICATIONS INCLUDING EXPIRATION DATES:	

#### DRIVERS

DO YOU HAVE A SCHOOL BUS CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO	CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID CLASS II/B LICENSE IN THIS STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IN COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION FHWA, THE YMCA WILL CONDUCT PRE-EMPLOYMENT DRUG TESTING AND RANDOM DRUG ALCOHOL TESTING OF DRIVERS.

**EMPLOYMENT HISTORY**  
**COMPLETE ALL SECTIONS**

GIVE YOUR FULL EMPLOYMENT OR VOLUNTEER HISTORY RECORD FOR THE LAST 10 YEARS. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION. A RESUME MAY BE USED TO SUPPLEMENT (BUT NOT REPLACE) THIS INFORMATION. LIST CURRENT OR MOST RECENT EMPLOYER FIRST.

COMPANY NAME (CURRENT OR LAST)	TELEPHONE	POSITION TITLE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES			

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ADDRESS	CITY/STATE/ZIP	TYPE OF BUSINESS	BASE RATE OF PAY
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DUTIES			

**REFERENCES**

2 PROFESSIONAL AND 1 RELATIVE

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	OCCUPATION

**ACKNOWLEDGEMENT**

1. I certify, under penalty of perjury, that all of the above information is true and complete and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in termination.

2. I authorize the Association to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools, and personal references to give the Association (with or without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. In addition I hereby release the YMCA, my former employer, and all other persons, corporations, partnerships and associations from any and all claims demands or liabilities arising on or any way related to such investigation or disclosure.

3. I expressly agree and understand that, if employed, my employment having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the Association or me).

I also understand that this aspect of my employment which includes the Association's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the President of the Association.

4. I acknowledge that I have read all the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Association and set forth the complete agreement between me and the Association regarding these matters.

5. The YMCA takes seriously the protection of the children involved in its programs. To help assure the safety of children the YMCA follows a comprehensive hiring protocol for volunteer and paid staff, including thorough interviews and reference checks, criminal background screening through the California Department of Justice and Federal Bureau of Investigation, and review and acceptance of the YMCA Code of Conduct.

As part of this protocol, questions about past abuse and/or abusive behavior will be asked of each applicant and reference. By signing this application, I agree that the information I give now and as part of the hiring process shall be true, complete, and accurate.

Signature

Date