



**YMCA OF COASTAL GEORGIA, INC.**  
**APPLICATION FOR EMPLOYMENT**  
**PRE-EMPLOYMENT QUESTIONNAIRE**  
**AN EQUAL OPPORTUNITY EMPLOYER**

*Must be 16 years old.*

Today's Date

<b>PERSONAL INFORMATION (PLEASE PRINT)</b>				
Full Name		Social Security #		
Address		City	State	Zip
Phone		Are you 18 years or older?		Yes or No
Email Address		If not, do you have a work permit?		Yes or No
<b>DESIRED EMPLOYMENT</b>				
Position		Date you can start		Salary Desired
Are you employed now?		Yes or No	If so, may we contact your present employer?	
If so, Where?		Reason for leaving		Yes or No
Name of current supervisor at your current employer?				
Who referred you to the YMCA?			Contact Information	
Have you ever worked for the YMCA before? Yes or No				
Name of previous YMCA employer(s):				
Reason of Leaving:				
Contact information for previous YMCA employer(s):				
Last day of employment at previous YMCA?				
Were you enrolled in the Y Retirement Plan? Yes or No				
<b>EDUCATION</b>				
<i>School Level</i>	<i>Name &amp; Location of School</i>	<i># of Yrs. Attended</i>	<i>Did you graduate?</i>	<i>Degree/Subjects Studied</i>
High School				
Trade, Business or Tech School				
College/University				
<b>GENERAL</b>				
Subjects of Special Study or Research Work				
Special Training				
Special Skills				

**FORMER EMPLOYERS***List below the last three employers starting with the most recent one first*

<b>Name of Present or Last</b>		Phone	
Address	City	State	Zip
Starting Date	Ending Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact	Yes or No
Name of Supervisor			
Description of Work			
Reason for Leaving			

<b>Name of Previous Employer</b>		Phone	
Address	City	State	Zip
Starting Date	Ending Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact	Yes or No
Name of Supervisor			
Description of Work			
Reason for Leaving			

<b>Name of Previous Employer</b>		Phone	
Address	City	State	Zip
Starting Date	Ending Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact	Yes or No
Name of Supervisor			
Description of Work			
Reason for Leaving			

**REFERENCES***Below, give the names of three persons, one of whom must be a relative, whom you have known at least one year.*

Name	Address/Phone	Business	Years Acquainted
1			
2			
3			

**SERVICE RECORD**

Branch of Service	Rank	Discharge Date

*Have you ever been convicted of a felony? Yes or No. If yes, please explain brief detail, this will not necessarily exclude you from consideration.*


**AUTHORIZATION**

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.*

*I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEMENT OF APPLICANT**

In the YMCA of Coastal Georgia, Incorporated's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, and character, and I fully consent to and authorize all such inquiries.

In the event of my employment by the YMCA of Coastal Georgia, Inc., I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation in an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

I understand that it is this agency's policy to secure conviction criminal history information as a part of the pre-employment screening process. I have provided the needed information on a consent form under separate cover for the sole purpose of obtaining a conviction only criminal history file search. I understand that the YMCA of Coastal Georgia, Inc. does not condone child abusers, and that the YMCA of Coastal Georgia, Inc. will be seeking information in my background related to child abuse.

I certify that all statements made on said consent form and employment application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or after employment, may be cause for termination of employment with the YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegation to the police and state agencies for investigation. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially baby-sitting or inviting children to my home.

I further understand and agree that if I am employed, there is no contract period for employment, and my employment would be solely an "employment at will," giving either me or the YMCA the right to terminate my employment at any time without liability or obligation, except for my regular pay, through the date of termination.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

<i>Interviewed by</i>	<i>Date</i>
<b>Comments</b>	
Do you recommend this applicant to be hired?      YES of NO	

<i>Interviewed by</i>	<i>Date</i>
<b>Comments</b>	
Do you recommend this applicant to be hired?      YES of NO	

<i>Interviewed by</i>	<i>Date</i>
<b>Comments</b>	
Do you recommend this applicant to be hired?      YES of NO	

<i>Hired (Date) for Dept.</i>	<i>Position</i>
<i>Salary/Wages</i>	<i>Will Report</i>

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