



Rogue Valley Family YMCA APPLICATION FOR EMPLOYMENT (Equal Opportunity Employer)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This Association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, and disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position.

**Complete all questions completely and return to:
Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501
(541) 772-6295; www.rvymca.org**

PERSONAL DATA

Name: _____ Date _____
Last First Middle
Address: _____ Phone: Home () _____
Street Business () _____
City State Zip

Are you authorized to work in the United States: Yes No
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Are you at least 16 years of age? Yes No Are you at least 18 years of age? Yes No

email: _____

Driver's License Number _____ State _____ Class _____

How many moving violations during the last 12 months _____ do you have current liability insurance? _____

GENERAL

Applying for position as _____ Acceptable Salary Range _____

Full-time Part-time Temporary Notice Required _____

At which YMCA Dept. _____ Date Available _____

If applying for seasonal work, are you available to work during the school term? Yes No

Have you previously applied for employment at any YMCA? Yes No

Have you worked for any YMCA? Yes No

If so, when? _____ Location _____

How were you referred to the YMCA?

Employee Advertisement School Drop In Agency Other

Name of referral source indicated above _____

Have you ever pleaded guilty to, or been convicted of, a crime? Yes No

If yes, give dates and circumstances _____

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position?

Yes No If yes, give dates and circumstances _____

EMPLOYMENT (List all positions you have held, beginning with your most recent. Include Self-employment and volunteer work. Attach an additional sheet, in necessary.)

Current, or last employer _____ Employed from _____ to _____
Street Address _____ Salary (monthly) at start _____ to _____
City _____ State _____ Zip _____ Phone () _____
Name and Title of Immediate Supervisor _____
Your Title _____
List major duties performed in this position: _____

Any supervisory experience? Yes No If yes, describe _____
Reason(s) for terminating, or considering a change _____
What did you like most about this job? _____
What did you like least about this job? _____
May we contact this employer while we are considering your application? Yes No

Current, or last employer _____ Employed from _____ to _____
Street Address _____ Salary (monthly) at start _____ to _____
City _____ State _____ Zip _____ Phone () _____
Name and Title of Immediate Supervisor _____
Your Title _____
List major duties performed in this position: _____

Any supervisory experience? Yes No If yes, describe _____
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EDUCATION	PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRAD- UATED?	DEGREE REC'V'D
High School		From _____ To _____			
College		From _____ To _____			
College		From _____ To _____			
Trade, Night		From _____ To _____			
Other		From _____ To _____			

Are you presently in school? Yes _____ No _____ If yes, give expected completion date _____

List courses you are taking:

If not a high school graduate, indicate highest grade completed _____

If not a high school graduate, have you earned a General Educational Development (GED) or high school equivalency? _____



Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought

List all current licenses, permits, certifications and level or credited hours (CPR, lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be

my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand, and support the YMCA's position on the problem of child abuse.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I further understand that it is this YMCA's policy to secure criminal history information as a part of the pre-employment screening process. I understand the YMCA's need to provide a safe environment for all of its customers and employees. I understand the YMCA will be seeking any information in my background related to crimes against persons such as child abuse, crimes involving illegal drug/alcohol use and crimes of moral turpitude.

CONVICTIONS: You will not be offered a job for a conviction of any crime listed as a disqualifier. A criminal conviction for crimes that are not listed as a disqualifier does not mean you will not be offered a job. What you were convicted of, date of conviction, and the circumstances surrounding the conviction will be considered to determine your eligibility.

I have read the above statement and accept the same as a condition of my employment with the YMCA.

Signature of Applicant