

**YMCA OF METROPOLITAN WASHINGTON
APPLICATION FOR EMPLOYMENT**

MP 192

FIRST NAME	MI	LAST NAME
SOC. SEC. #		TELEPHONE
STREET ADDRESS LINE 1	STREET ADDRESS LINE 2	
CITY	STATE	ZIP CODE/EXT

GENERAL INFORMATION

Ever Bonded? YES NO If YES, Place and Date _____

Ever been refused bond? YES NO If YES, explain _____

Have you been employed by a BRANCH of the YMCA? YES NO If YES, give YMCA name and address _____

Type of employment you are looking for: Full Time Part Time Regular Temporary Summer

Type of work desired: 1st Choice _____ 2nd Choice _____

List job related skills: _____

Personal Achievements: (training/special skills/language proficiency) _____

Do you have any impairments, physical, mental, or medical, which would interfere with you ability to perform the job for which you have applied? YES NO If YES, explain _____

Are you over 18? YES NO If NO, do you have a work permit? YES NO

Have you been convicted of a felony within the last 7 years? YES NO If YES, explain _____

Hobbies and interests: _____

Organizations/memberships which you consider relevant to your ability to perform the job for which you are applying: _____

PERSONAL REFERENCES

(Not former employers or relatives)

NAME	ADDRESS	PHONE	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION AND ACHIEVEMENTS

Grade School	Name and Address	From	To	Highest Grade Completed	
	_____	_____	_____	_____	
HIGH SCHOOL	Name and location of school attended: _____				
	Highest grade completed	Type of curriculum	Year completed		
COLLEGE or OTHER	School	Location	Date (Mo/Yr) From: To:	Courses or Major	Degree* Type: Yr Recd
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

*Insert number of college credit hours completed if no degree obtained.

EMPLOYMENT HISTORY

LIST LAST 3 POSITIONS STARTING WITH PRESENT OR LAST EMPLOYER

Dates		Name/ Address	Major Duties	Begin/ Ending Wages	Reason for Leaving	Supervisor
From	To					
Telephone: ()						
Explain any lapse of time between jobs:						
From	To					
Telephone: ()						
Explain any lapse of time between jobs:						
From	To					
Telephone: ()						
Explain any lapse of time between jobs:						

May we contact employers listed above? _____ Indicate those you do not wish us to contact:

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. If printed or faxed, my name listed below is my signature. I understand that if employed, an original signature will be required.

Name: _____ Date _____

Submit Application

Clear Entries

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

POST-EMPLOYMENT INFORMATION

This section **MUST** be filled in at the time of employment. All information must be provided by applicant to make employment effective. Branch signatures include verification of information and the employment of the individual.

HOME BR	DEPT	ORIGINAL	HIRE DATE	ASSOCIATION	BIRTH DATE	SEX M/F	RACE CODE	1 - CAUCASIAN 4 - ASIAN 2 - BLACK 5 - OTHER 3 - HISPANIC	
EXEMPT STATUS	F - FULL P - PART TIME	ERISA ELIGIBLE	NAT CLASS	1 - SR DIRECTOR 2 - DIRECTOR 3 - STAFF ASSOC. 4 - GEN. EMPLOYEE	EMPLOYEE TYPE	R - REGULAR T - TEMPORARY C - COMMISSION S - SEASONAL	MARITAL STATUS	M - MARRIED S - SINGLE	HANDICAPPED
E - EXEMPT N - NON-EXEMPT		Y/N							Y/N
PERSONAL CONTACT IN CASE OF EMERGENCY (FIRST, MIDDLE INITIAL, LAST)					CONTACT'S PHONE NUMBER			VIETNAM ERA VET	DISABLED VETERAN
								Y/N	Y/N

SIGNATURES:

BRANCH APPROVAL: _____ DATE: _____

PERSONNEL SERVICES: _____ DATE: _____