

N A M E	LAST	FIRST			MIDDLE INITIAL
A D D R E S S	STREET – Student: please list the address where you wish to receive your W-2 tax forms				Apt
	CITY	STATE	ZIP	Home Telephone	
EMAIL ADDRESS (Please Print Legibly)				Cell Telephone	
Please select a desired work location: <input type="checkbox"/> Chapel Hill <input type="checkbox"/> Carol Woods <input type="checkbox"/> Meadowmont <input type="checkbox"/> Chatham County					
If offered employment, you will be required to provide documentation to verify eligibility to work in the U.S.					
Are you legally employable in the US?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever been convicted for child abuse or sex-related crime?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever been convicted of a felony or a misdemeanor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:	

(A conviction will not necessarily result in the denial of employment.)					
How did you hear about this job? _____					
Please check the position(s) that interest you: _____					
		___ Summer Camp Counselor			
___ Front Desk	___ Child Watch	___ After-School Counselor	___ Sports Department		
___ Lifeguard	___ Swim Instructor	___ Swim Team Coach	___ Maintenance		
___ Fitness Attendant	___ Personal Trainer	___ Group Exercise Instructor	___ Pre-School Teacher		
___ Other – please specify: _____					
Type of employment desired:					
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer	<input type="checkbox"/> Project/Contract	
If you are a student, please list the periods/dates that you are available to work.					
_____ thru _____		_____ thru _____		_____ thru _____	
Please list the times that you are available each day:					
Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____ Sat _____
E D U C A T I O N	High School _____		City/State _____		Graduate (or GED)? Yes__ No__
	College _____		City/State _____		Degrees: _____
	College _____		City/State _____		Degrees: _____
	List additional education or courseware: _____				
C E R T I F I C A T I O N S	List all certifications and licenses related to the position you desire. Include expiration dates:				

Equal Opportunity Employer

EMPLOYMENT HISTORY – Begin with your most recent employment

Company: _____ City/State: _____ Telephone No. _____
 Position: _____ Start Date: _____ End Date: _____ Salary _____
 Supervisor: _____ Reason for Leaving: _____

Company: _____ City/State: _____ Telephone No. _____
 Position: _____ Start Date: _____ End Date: _____ Salary _____
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Company: _____ City/State: _____ Telephone No. _____
 Position: _____ Start Date: _____ End Date: _____ Salary _____
 Supervisor: _____ Reason for Leaving: _____

Company: _____ City/State: _____ Telephone No. _____
 Position: _____ Start Date: _____ End Date: _____ Salary _____
 Supervisor: _____ Reason for Leaving: _____

⊕ **In Addition to previous employers, may we contact your current employer? Yes___ No___**

REFERENCES – Please include telephone number and area code.

One reference **MUST** be an **immediate family member**

1. Name _____ Work# _____ Email _____
 2. Name _____ Work# _____ Email _____
 3. Name _____ Phone# _____ Email _____ Relationship _____

Use the space below to explain any gaps in your employment history, list additional paid or volunteer experiences, and any comments you would like to make:

Equal Employment Opportunity

It is the policy of the Chapel Hill – Carrboro YMCA to ensure equal employment opportunity as to all terms, conditions, & privileges of employment without discrimination or harassment on the basis of race, color, creed, national origin gender, sexual orientation, religion, age, veteran status, or disability. Equal employment opportunity applies to pre-employment & all terms & conditions of employment.

Applicant's Certification & Agreement:

I hereby authorize the confidential release of my Scholastic, Employment, and Criminal History Record to the YMCA for the sole purpose of employment evaluation. I also understand that the YMCA is a drug and alcohol free workplace and, if given an offer of employment, it will be contingent upon a negative drug/alcohol test. I hereby give my consent to the YMCA, and any laboratory or health care provider designated by the YMCA to collect a sample from me at any time during my employment, for the sole purpose of determining the presence of drugs or alcohol. In consideration of employment, I agree to conform to the rules and policies of the YMCA and I understand that my employment may be terminated at any time, with or without cause or notice, at the option of the YMCA or myself. All of the information that I have provided herein is true and correct to the best of my knowledge. I acknowledge that any discrepancy in the information I have provided, may be grounds for termination of my employment at any time hereafter or not to be considered for the position.

Please sign below to indicate that you have read, understand, and agree with this Applicant's Certification and Agreement.

Applicant's Signature _____ **Date** _____

Diversity Statement

The Chapel Hill - Carrboro YMCA is a place where diversity is welcome in every aspect of our programs, membership, and staff. We are committed to building and nurturing an environment that applauds and encourages diversity. We are defined by the belief that a multiplicity of values and beliefs, interests, and experiences, intellectual and cultural viewpoints makes us a stronger YMCA and stronger individuals.

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