



# Previous Work Experience

Please list last job (or present position) first.

Employer _____ Address _____ _____ Telephone(s) Day: _____ Eve: _____ Supervisor: _____ From: _____ To: _____ Why did you leave? _____	Job Responsibilities: _____ _____ _____
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Employer _____ Address _____ _____ Telephone(s) Day: _____ Eve: _____ Supervisor: _____ From: _____ To: _____ Why did you leave? _____	Job Responsibilities: _____ _____ _____
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Any special skills or training (i.e., computer software knowledge, Lifeguard Certification, First Aid, CPR, etc.?)

# Education History

<b>Elementary School:</b> _____
Address _____
Did you complete? _____

<b>High School</b>
Address _____
Did you complete? _____
Course of Study/Emphasis: _____

<b>College</b>
Address _____
Did you complete? _____
Course of Study _____
Type of Degree _____

<b>Graduate School</b>
Address _____
Did you complete? _____
Course of Study _____
Type of Degree _____

Other formal education or experience which you feel is relevant to the position to which you are applying:

\_\_\_\_\_

Please list any honors received: \_\_\_\_\_

\_\_\_\_\_

Are you a member of any professional organization? \_\_\_\_\_

\_\_\_\_\_

Volunteer History \_\_\_\_\_

\_\_\_\_\_

Do you speak, read or write any language other than English? \_\_\_\_\_

U.S. Military Service? \_\_\_\_\_ Rank? \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without accommodation?

\_\_\_\_\_

Any additional information which may assist in our consideration of your application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References (1 former Employer, 1 Relative, and 1 Acquaintance)

Name	_____	Occupation	_____
Address	_____		
Telephone	_____	Relationship	_____
		Years Acquainted	_____

Name	_____	Occupation	_____
Address	_____		
Telephone	_____	Relationship	_____
		Years Acquainted	_____

Name	_____	Occupation	_____
Address	_____		
Telephone	_____	Relationship	_____
		Years Acquainted	_____

If you wish to provide any additional information, please do so here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant Statement

I hereby affirm that the information provided on this application and accompanying resume, if any, is true and complete to the best of my knowledge. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and/or educational background, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations requesting or supplying such information and waive any right to notice of such disclosure.

I understand the YMCA has a zero tolerance standard for abuse and inappropriate behavior by staff members.

If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the result of such examination to the Decatur Family YMCA. If hired, I authorize a criminal background check, required of all staff members.

I understand that certain jobs at the Decatur Family YMCA require specific physical abilities as indicated on the position descriptions. I understand that in order to work in these positions I must be able to perform within the criteria detailed on the position descriptions. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Decatur Family YMCA to attempt to make a reasonable accommodation for it. I must make my request in writing to the department head as soon as possible after I know that accommodation is needed.

I hereby give my consent for the Decatur Family YMCA, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release the Decatur Family YMCA from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorize Decatur Family YMCA management for appropriate review. If I am accepted for employment by the Decatur Family YMCA, I hereby consent to be tested in the above manner during my employment when required by federal, state or local law, business necessity or a reasonable suspicion of drug use, and I acknowledge that remaining free of illegal drug use is a condition of my employment.

I understand that all employees of the Decatur Family YMCA are employed on an indefinite basis and are subject to termination at any time with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the CEO of the Decatur Family YMCA has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the CEO will be enforceable unless it is in writing, pertains specifically to me, and is signed by the CEO.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_