

Course of study ____ Date of Graduation_

FOR YOUTH DEVELOPMENT**
FOR HEALTHY LIVING
Tiftarea YMCA, 1823 Westover Rd. Tifton, GA 391-9622 FOR SOCIAL RESPONSIBILITY

APPLICATION FOR EMPLOYMENT

Tiftarea YMCA does not discriminate in hiring or terms or conditions of employment on the basis of any legally protected status including, but not limited to race, color, creed, religion, sex, marital status, national origin, ancestry, or disability unrelated to performance. Federal law prohibits discrimination on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

| discrimination on the basis of age | | | <u> </u> | |
|--|-----------------------------------|----------------------|---|--|
| Last NameStreet Address | First Name | riiit Aii iiiiori | Middle Initial | |
| Street Address | First Name_ | Other names kn | Middle Illidai | |
| City State Zin | | Other hames kii | lown by | _ |
| City, State, Zip Social Security Number | | | | |
| Social Security Number Home Phone | Work Phone | Cell Phon | P | |
| Message Phone | Date | con i non | | |
| Message PhoneAre you at least 18 years of | age? Y N If no, o | an you submit a w | ork permit? Y N | |
| Have you ever been con Contender" and DUI convi considered in relation to jo | ctions. Y N Conviction | ns will not absolute | d include any crime for ely prohibit employmen | which you plead "Nolo it but will only be |
| Are any of your immediate | relatives employed by Tift | area YMCA or any | other branch? Y N | |
| Job applying for: Can you perform the funct List hours available for wo Please circle days available When would you be available | rk: :: M T W Th F Sa Su | | | ilmodations? Y N |
| | E | DUCATION | | |
| High School | | | | |
| Name and Address of Scho | ool | | | |
| Course of study | | | | |
| Date of Graduation | | | | |
| College/University | | | | |
| Name and Address of Scho | ool | | | |
| Course of study | | | | |
| Date of Graduation | | | | |
| Graduate Studies | | | | |
| Name and Address of Scho | ool | | | |
| Course of study | | | | |
| Date of Graduation | | | | |
| Doctorial Studies | _ | | | |
| Name and Address of Scho | ool | | | |

EMPLOYMENT INFORMATION

| Organization Name | Telephone | | | |
|---------------------------|--|--|--|--|
| Address | Employed from Pay rate Start | _ to | | |
| Name of Supervisor | Pay rate Start | Finish | | |
| Responsibilities | <u> </u> | | | |
| Reason for Leaving | | <u></u> | | |
| Organization Name | Telephone Employed from to Pay rate Start Finish | | | |
| Address | Employed from | to | | |
| Name of Supervisor | Pay rate Start | Finish | | |
| Responsibilities | | | | |
| Reason for Leaving | | | | |
| Organization Name | Telephon | ne | | |
| Address | Telephon Employed from Pay rate Start | _ to | | |
| Name of Supervisor | Pay rate Start | Finish | | |
| Responsibilities | | | | |
| Reason for Leaving | | | | |
| Organization Name | Telephon Employed from Pay rate Start | ne | | |
| Address | Employed from | to | | |
| Name of Supervisor | Pay rate Start | Finish | | |
| Responsibilities | | | | |
| Reason for Leaving | | | | |
| Please explain any period | s of unemployment | | | |
| | | | | |
| | al certifications (aerobics, per well as any Professional affilia | rsonal trainer, CPR, LG, AED, ations or Civic organizations. | | |
| | | | | |
| | | | | |
| | | | | |

Circle any volunteer opportunities you would be interested in donating your time for:

- Coaches for Cheerleading, Soccer, Baseball and Flag Football (Fall & Spring) 5:30-6:30pm on Mondays or Tuesdays & Thursdays
- Graphic Design help make flyers & signs as well as work on our website (office hours are Monday Friday 8-5)
- Bilingual Aerobics Instructor (This position will operate at a satellite campus in Omega)
- Teen Maze at Tift County Northeast Campus (October 12-13)
- Landscaping & Painting
- Swim Lesson Assistant –(May- October 1)
- Office Assistant (anytime between 8:00am-5:00pm)
- Child Watch Assistant (Monday, Tuesday, & Thursday anytime between 4:30-7:30pm)
- Kids' University Apprentices in Art & Science Enrichment (Weekdays 3:30-5:30 at all 5 primary schools in Tift County)
- Graphic Design/Marketing Apprentice
- Event Planner Apprentices

READ CAREFULLY BEFORE SIGNING

The information set forth in this application by you are true and complete. I understand that any false statement, or concealment or failure to answer any question fully and accurately shall be grounds for terminating my employment regardless of the length of my employment.

I authorize investigation of all statements and matters contained in this application which Tiftarea YMCA may deem relevant to my employment, and I authorize all my previous employers or other persons having information concerning me or my work record or actions to report such information to Tiftarea YMCA

I authorize Tiftarea YMCA to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia or any state in which we conduct business. If your criminal history reports any activity when you have marked "No" on page 1 of this application, you can be terminated for falsification of your application. Termination is based on dishonesty, not your crime.

I release Tiftarea YMCA past, present and subsequent employers and other persons having information concerning me from the obligation to provide me with written notice of any disclosure or publication of my prior or subsequent work record or actions. In addition, I release such persons from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures.

I understand and agree that this application is not an offer, a promise or representation of employment. Neither does this application create a contract of employment, a promise or representation of continued employment or any entitlement to benefits. I understand and agree that if I am employed by Tiftarea YMCA., no contract for employment, express or implied, is created by the act of employment, by my retention, by any verbal statement, or by any Tiftarea YMCA policies, practices, or procedures and that such employment shall be at-will, which means that my employment may be terminated either by me or Tiftarea YMCA at any time for any or no reason, with or without cause, regardless of any verbal statement, policy or procedure.

I understand that I must submit to an drug and alcohol screening at Tiftarea YMCA expense as a condition of employment and at subsequent intervals as Tiftarea YMCA may direct. This application is valid for 6 months.

| Signature of Applicant | Doto |
|------------------------|------|
| Signature of Applicant | Date |

Tiftarea YMCA is an Equal Opportunity Employer

