



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## KNOX COUNTY YMCA APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**To help us learn about your experience, abilities, and interests,  
 please complete this Application for Employment as thoroughly as possible.**

### PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. (    )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
EMAIL ADDRESS:		
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18?    If hired, do you have a reliable means of transportation to get to work?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the Knox County YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the Knox County YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
Have you ever worked at a YMCA before?	If yes, where and when?	
How were you referred to the Knox County YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below)		
_____ Name of Employee _____		

### EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:	

### U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY		
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)			
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final				
Supervisor (Name & Title)						
Description of Job Duties						
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)			
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final				
Supervisor (Name & Title)						
Description of Job Duties						
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)			
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final				
Supervisor (Name & Title)						
Description of Job Duties						
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)			
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final				
Supervisor (Name & Title)						
Description of Job Duties						

## REFERENCE DATA

### PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

## PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

\_\_\_\_\_  
Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

\_\_\_\_\_  
Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

\_\_\_\_\_  
Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

\_\_\_\_\_  
Initial