



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

KNOX COUNTY YMCA EMPLOYMENT APPLICATION

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:	Social Security #:	Telephone #:
Street Address:	City, State, Zip Code	#of years at present address?
Previous Street Address (if less than 3 years at current address):	City, State, Zip Code	
Email Address:		
Can you, after employment, submit verification of your legal right to work in the United States? YES NO		
Are you over 18? YES NO		
If hired, do you have a reliable means of transportation to get to work? YES NO		

EMPLOYMENT DESIRED

Type of Position Desired:	Date Available	Salary Desired
Are you presently employed? YES NO If yes, may we contact your present employer? YES NO		
Have you ever applied at the Knox County YMCA before? YES NO If yes, when?	Have you ever been employed by the Knox County YMCA before? YES 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: (circle one) Advertisement Walk-In Employee Referral Name of Employee: _____ Other (please specify) _____		

EDUCATION AND TRAINING

School Name & Location	Years Attended	Graduate?	Degree Type?	Major/Subject?
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one only): High School Associate Bachelor Master Doctorate				Average GPA
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.				
Keyboarding WPM _____	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.	Other machines requiring special skills:		

EMPLOYMENT DATA

Please List in order of most recent Employer First			
Company Name		Phone #:	Dates of Employment From: (Mo/Yr)-(Mo/Yr)
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Pay Rate Start	Final
Supervisor (Name & Title)		\$	\$
Description of Job Duties			
Company Name		Phone #:	Dates of Employment From: (Mo/Yr)-(Mo/Yr)
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Pay Rate Start	Final
Supervisor (Name & Title)		\$	\$
Description of Job Duties			
Company Name		Phone #:	Dates of Employment From: (Mo/Yr)-(Mo/Yr)
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Pay Rate Start	Final
Supervisor (Name & Title)		\$	\$
Description of Job Duties			

EMPLOYMENT DATA (Cont'd)

Company Name		Phone #:	Dates of Employment From: (Mo/Yr)-(Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Pay Rate Start Final		
Supervisor (Name & Title)		\$	\$	
Description of Job Duties				
Company Name		Phone #:	Dates of Employment From: (Mo/Yr)-(Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Pay Rate Start Final		
Supervisor (Name & Title)		\$	\$	
Description of Job Duties				
Company Name		Phone #:	Dates of Employment From: (Mo/Yr)-(Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Pay Rate Start Final		
Supervisor (Name & Title)		\$	\$	
Description of Job Duties				

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT (THESE ARE REQUIRED)

Name	Email Address	Phone #	Relationship to you

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 here: _____

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 here: _____

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 here: _____

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 here: _____

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 here: _____