





FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEAD, LEARN, SERVE

## EMPLOYMENT APPLICATION PENINSULA METROPOLITAN YMCA

### EMPLOYMENT HISTORY

Company Name: _____	Phone: (        ) _____
Address: _____	Employed (Month/Year)    From: _____ To: _____
Supervisor: _____	Previous Pay Rate: _____
Job Title: _____	Reason for leaving: _____
Duties: _____	_____
_____	_____
_____	Eligible for Rehire?:    Yes <input type="checkbox"/> No <input type="checkbox"/>

  

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Address: _____	Employed (Month/Year)    From: _____ To: _____
Supervisor: _____	Previous Pay Rate: _____
Job Title: _____	Reason for leaving: _____
Duties: _____	_____
_____	_____
_____	Eligible for Rehire?:    Yes <input type="checkbox"/> No <input type="checkbox"/>

  

Company Name: _____	Phone: (        ) _____
Address: _____	Employed (Month/Year)    From: _____ To: _____
Supervisor: _____	Previous Pay Rate: _____
Job Title: _____	Reason for leaving: _____
Duties: _____	_____
_____	_____
_____	Eligible for Rehire?:    Yes <input type="checkbox"/> No <input type="checkbox"/>

“To put Christian principles into practice through programs that build healthy spirit, mind and body for all.”

## EDUCATION

Name/Location	No. Years Completed	Graduated (Yes/No)	Degree
High School			
If you are not a high school graduate, have you earned a GED or high school equivalency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
College			
Other			

## MILITARY (Complete this section if you served in the United States Armed Forces)

Branch of Service: _____	Period of Active Duty (Month/Year)	From: _____	To: _____
Describe your duties and any special training: _____			
_____ Rank at Discharge: _____			

## REFERENCES

Provide the names of three individuals not related to you, in addition to employment supervisors, who can provide information regarding your ability to perform this job.

Name	Address	Telephone	Years Acquainted

## EXPERIENCE

List experiences that relate to the position for which you are applying:

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The information set forth in this application is true and complete. I understand that if employed, false statements on this application will be considered grounds for dismissal.
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the Peninsula Metropolitan YMCA (YMCA) may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the Peninsula Metropolitan YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

### **AUTHORIZATION**

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Peninsula Metropolitan YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the Peninsula Metropolitan YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. Any misrepresentation or omission of facts would exclude my being considered for employment or after employment, would be cause for termination of employment with the Peninsula Metropolitan YMCA. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the Peninsula Metropolitan YMCA my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the Peninsula Metropolitan YMCA

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### **PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

I am an applicant for a position with the Peninsula Metropolitan YMCA. I understand that the YMCA is committed to a drug and alcohol free workplace to ensure the quality of our services and commitment to our Christian Mission.

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by the Peninsula Metropolitan YMCA in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that the laboratory or health care provider the YMCA designates may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the company for analysis. I further agree to and hereby authorize the release of results of said test to the Peninsula Metropolitan YMCA.

I understand that current use of illegal drugs will prohibit me from being employed by the YMCA.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

#### **Applicant**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

#### **Witness**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Equal Opportunity Employer  
DRUG FREE WORKPLACE