



Employment Application

We build strong kids, strong families, strong communities.

Thank you for your interest in the YMCA of Central Florida!

The YMCA of Central Florida is an equal opportunity employer. We do not discriminate in the recruitment, hiring or conditions of employment on the basis of race, color, religion, national origin, age, sex (including gender presentation and sexual orientation), pregnancy, citizenship, marital or parental status, disability, veteran status, genetic information or any other category protected by federal, state or local statute.

If you would like to join our team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.



YMCA OF CENTRAL FLORIDA

Personal Information

Position applying for: _____ Date of Application: _____

Preferred Family Center Location(s): _____ Date Available: _____

Legal Name: _____ Preferred Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell/Business Phone: _____

Email Address: _____

Can you provide proof that you are 18 years of age or older?
(If not, you may be required to provide authorization to work) Yes No

If hired, can you provide verification of your legal right to work in the United States? Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Have you ever been discharged or asked to resign from a previous job? If yes, give dates and circumstances. Yes No

Have you ever been subject to a child or adult abuse investigation? If yes, please provide a date, charge and general comment. Yes No

Have you ever been convicted of an offense against the law, had adjudication withheld, prosecution deferred, or do you have any criminal charges pending? If yes, please provide a date, charge and general comment. Yes No

(A criminal record will not necessarily disqualify you from employment. Factors such as age at time of offense, rehabilitation efforts, and seriousness of the crime will be taken into account. The relationship between the offense and the particular job will also be weighed)

Employment Information

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full time Part time
 Seasonal As Needed

What is your desired wage range? _____

If you are a student applying for seasonal work, will you be available during the school year? Yes No

Are you willing to work a split shift? Yes No

Have you previously been employed by the YMCA of Central Florida or any other YMCA? Yes No

If yes, when? At which locations? _____

Do you have any relatives currently working for the YMCA of Central Florida or any other YMCA? Yes No

If yes, Name(s) and Relationship: _____

How did you hear about the YMCA of Central Florida? YMCA Staff Referral YMCA Member

Name of referral source: _____ School Advertisement

_____ Walk-In Other

_____ YMCA Website

Education & Training

Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

What languages do you speak and/or write fluently? _____
 Describe any non-employment experience such as school or volunteer activities that might strengthen your application.

Safety & Job Specific Certifications			
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Employment History

List all previous employment during the past ten years and any additional employment history related to position applying. Start with the most recent. Use additional sheets if needed.

Check here if you have no previous employment experience.

Employer	Telephone	<u>Dates Employed</u> From: ___ / ___ To: ___ / ___	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary \$ per	
Immediate Supervisor and Title			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary \$ per	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone	<u>Dates Employed</u> From: ___ / ___ To: ___ / ___	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary \$ per	
Immediate Supervisor and Title			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary \$ per	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone	<u>Dates Employed</u> From: ___ / ___ To: ___ / ___	Summarize the nature of the work performed and job responsibilities.
Address			
Job Title		<u>Starting</u> Hourly Rate/Salary \$ per	
Immediate Supervisor and Title			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary \$ per	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please explain any gaps in your employment history.
What other business experience, personal experience, or training have you had that may have prepared you for this position?

Pre-Employment Certification

Initial I understand that this application is only valid for the position applied for at present and that the YMCA of Central Florida 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 of Central Florida 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 liability arising therefrom.

Initial If employed by the YMCA of Central Florida, I will abide by YMCA of Central Florida policies and rules as determined in the sole discretion of the YMCA of Central Florida. 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. I also understand that before I drive a YMCA vehicle that I will be required to have successful completion of a motor vehicle report. I also understand that if I drive my personal vehicle for YMCA business I will provide my employer with proof of motor vehicle insurance prior to driving.

Initial If I am offered employment, I understand and agree that I will be required to undergo a drug screening test at the YMCA's expense and that my offer of employment will be contingent upon successful completion of the drug screen.

Initial If I am employed by the YMCA of Central Florida, 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 a Corporate Officer of the YMCA of Central Florida, no manager, supervisor or representative of the YMCA of Central Florida 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 a Corporate Officer of the YMCA of Central Florida 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 of Central Florida.

Consumer Report Disclosure

YMCA OF CENTRAL FLORIDA DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, the YMCA of Central Florida may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc., Department of Children and Families (DCF), and/or the School Board.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, social security verification, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports to the extent permitted by law.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under the age of 18)

Date

Authorization to Obtain Consumer Reports

I acknowledge receipt of the separate standalone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the YMCA of Central Florida at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested. By my signature below, I authorize the YMCA of Central Florida to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____do not_____ authorize the YMCA of Central Florida or their designated third party to contact my current employer for Employment and Reference Verifications.

(Checking "I do" will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the YMCA of Central Florida.

I also consent to have any legally required notices sent electronically.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under the age of 18)

Date