



YMCA
We build strong
kids,
Strong families,
Strong
communities
A community
resource since
1951

YMCA of CECIL COUNTY, INC.
25 YMCA BLVD, ELKTON, MD 21921

APPLICATION FOR EMPLOYMENT

Date: _____

The YMCA is an equal opportunity employer. We do not discriminate against any applicant/employee for employment with respect to hiring, discharge, compensation, terms, conditions, or privileges of employment because of such individual's race color, religion, sex, age, national origin, marital status, disability, or other protected status under applicable law.

Position applying for:	Hours desired: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Date available for work:	Salary expected:
Other types of work in which interested or qualified:			

GENERAL INFORMATION

 Full name

 Social Security Number

 Current address

 Telephone Number

 E-Mail Address

In case of emergency notify _____
 Name and relationship

 Telephone number

If employed and under 18, can you furnish a work permit? yes no

Have you ever been employed by the YMCA of Cecil County or another YMCA? yes no
 If yes, where? _____ Dates _____

What position? _____

Have you ever been convicted of a crime or received a verdict of anything than not guilty in any criminal investigation or proceeding? yes no

If yes, state date and details _____

A conviction will not necessarily disqualify you for the job you have applied for.

EDUCATION

Circle highest grade completed: GRADE SCHOOL HIGH SCHOOL COLLEGE GRADUATE			
1 2 3 4 5 6 7 8		9 10 11 12	
1 2 3 4		1 2 3 4	
TYPE	NAME & ADDRESS	DEGREE OR PROGRAM	COURSE OF STUDY
High School			
College			
Graduate/Professional			
Specialized training, apprenticeship, skills			
Honors & Awards			

PRESENT OR MOST RECENT EMPLOYMENT

Name of company		Address		City/state/zip		Telephone number			
Position		Start date		End date		Starting Salary		End Salary	
Supervisor's Name		Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on layoff and subject to recall? <input type="checkbox"/> Yes		Reason for leaving?			
May we contact present company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe duties: _____							

PREVIOUS EMPLOYMENT

(List your most recent past employment first, etc.)

Name of company		Address		City/State/Zip		Telephone Number			
Position		Start date		End date		Starting salary		End salary	
Supervisor's Name		Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving			
Describe duties: _____									

**PREVIOUS EMPLOYMENT
(Continued)**

Name of company		Address		City/State/Zip		Telephone Number			
Position		Start date		End date		Starting salary		End salary	
Supervisor's Name		Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving			
Describe duties:									

Please check all skills in which you have experience:

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> WordPerfect | <input type="checkbox"/> Excel | <input type="checkbox"/> IBM PC/Compatible | <input type="checkbox"/> Dictaphone |
| <input type="checkbox"/> Lotus 1-2-3 | <input type="checkbox"/> Type (___wpm) | <input type="checkbox"/> Data Entry (___kpm) | <input type="checkbox"/> Adding machine |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Database | <input type="checkbox"/> AS/400 | <input type="checkbox"/> Desktop publishing |

If appropriate to the position you seek, list the certifications you possess or any related experience: _____

U.S. MILITARY SERVICE

Branch of Military:	Date you entered into service:		Date you were discharged/retired		Honorable discharge: <input type="checkbox"/> yes <input type="checkbox"/> no
	Month:	Year:	Month:	Year:	
If dishonorable discharge, please explain:					

Describe military duties, experience, training and skills relevant to the position you are seeking:					

REFERENCES

(Please list three business references we may contact concerning you).

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU

**REFERENCE VERIFICATION – MINIMUM OF TWO REFERENCE CHECKS REQUIRED
(FOR OFFICE USE ONLY)**

Name of Reference	Date contacted
COMMENTS	
REFERENCE VERIFIED BY (FULL SIGNATURE REQUIRED):	

Name of Reference	Date contacted
COMMENTS	
REFERENCE VERIFIED BY (FULL SIGNATURE REQUIRED):	

Name of Reference	Date contacted
COMMENTS	
REFERENCE VERIFIED BY (FULL SIGNATURE REQUIRED):	

REFERENCE RELEASE STATEMENT AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from personal liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Management has the right to require testing for drug, alcohol, perception altering, or other substances in the body as well as infectious or other diseases. In addition a criminal background and credit check may be required for some positions.

I certify that I have read and understand the above statement.

SIGNATURE _____ DATE _____