

# Applicant Data Record

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The YMCA of Waycross is committed to hiring and employing without regard to race, color, sex, religion, national origin, age, handicap, or any other status protected under Federal or State law.

As employers, we comply with governmental regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

*(PLEASE PRINT)*

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative     Walk-In  
                           Employment Agency     Other \_\_\_\_\_

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Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
          LAST                    FIRST                    MIDDLE

Address \_\_\_\_\_  
          NUMBER                    STREET                    CITY                    STATE                    ZIP

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### Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:             Male                     Female

Check one of the following:

    Race/Ethnic Group:     White     Black     Hispanic  
                                   American Indian/ Alaskan Native     Asian/ Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran     Disabled Veteran     Handicapped Individual

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APPLICATION FOR EMPLOYMENT
(Equal Opportunity Employer)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you will meet all minimum qualifications required for the position for which you are applying.

PLEASE ANSWER ALL QUESTIONS COMPLETELY

PERSONAL DATA

Name (Last): (First) (Middle)

Address (Street) (City) (State/Zip)

Phone (Home) (Cell) (E-Mail):

Are you 18 years or older? Yes No Are you authorized to work in the United States? Yes No (If hired, you will be required to furnish proof of employment eligibility)

Other names used during prior employment (Maiden name, other surnames, etc.)

FURNISH THIS INFORMATION ONLY IF REQUESTED

Social Security Number Driver's License Number State

Class

How many violations during the last 12 months? Do you currently have liability insurance?

GENERAL INFORMATION

Applying for position as Acceptable salary range

Full-time Part-time Temporary Notice Required

Date Available

Have you previously applied for employment at the YMCA of Waycross? Yes No

Have you previously worked for the YMCA of Waycross? Yes No

Is so, when? Department

How were you referred to YMCA of Waycross?

Employee Advertisement School Drop In Agency Other

Name of referral source indicated above

Have you ever plead guilty to, or been convicted of, a criminal offense? Yes No

If yes, give circumstances

Have you failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position? Yes No

If yes, give dates and circumstances

EMPLOYMENT (List all positions you have held, beginning with most recent. Include self-employment and volunteer work. Attach additional sheet if necessary.)

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

List major duties performed in this position \_\_\_\_\_

Any supervisory experience?  Yes  No If yes, describe \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering this application?  Yes  No

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

List major duties performed in this position \_\_\_\_\_

Any supervisory experience?  Yes  No If yes, describe \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering this application?  Yes  No

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ Your title \_\_\_\_\_

List major duties performed in this position \_\_\_\_\_

Any supervisory experience?  Yes  No If yes, describe \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering this application?  Yes  No

Are you presently in school?  Yes  No If yes, give expected completion date \_\_\_\_\_

List courses you are taking \_\_\_\_\_

If not a high school graduate, indicate highest grade completed \_\_\_\_\_

If not a high school graduate, have you earned a General Education Development (GED) or high school equivalency?  Yes  No

School	Print name, city, state for each school listed	Dates	Type of Course or Major	Graduated?	Degree Received
Highschool		From:			
		To:			
College		From:			
		To:			
College		From:			
		To:			
Trade, Business, Night or Other		From:			
		To:			
Other		From:			
		To:			
School	Print name, city, state for each	Dates	Type of Course	Graduated?	Degree Received
Highschool		From:			
		To:			
College		From:			
		To:			
College		From:			
		To:			
Trade, Business, Night or Other		From:			
		To:			
Other		From:			
		To:			

SPECIAL SKILLS (Describe any volunteer work, other experience, interest, training or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought.)

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List all current special licenses, permits, certifications, including level or credited hours. (CPR, First Aid, Lifeguard, etc.)

Type	Level	Expiration Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

List equipment, machinery, or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience \_\_\_\_\_

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## REFERENCES (Do not list relatives or employees)

Name	Address & Phone Number	Firm Name, Address & Phone Number	Position or Occupation	How Long Known
List below the names of relatives, friends or acquaintances employed by this association and their relationship to you.				

## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information on this application is accurate to the best of my knowledge and subject to verification by The YMCA of Waycross. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide The YMCA of Waycross, its authorized employees, agents or representatives, with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result.

I understand that any misrepresentation or omission of a material fact on my application may be justified for refusal of employment. In the event I am employed, I understand that all employees are subject to termination at the discretion of The YMCA of Waycross. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by The YMCA of Waycross, my compensation hours of employment and all other terms and conditions of employment are subject to modification or change at The YMCA of Waycross's discretion.

I authorize The YMCA of Waycross to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in The YMCA of Waycross's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with The YMCA of Waycross's controlled substance abuse and testing policy.

I have read, understand and support The YMCA of Waycross's position on the problem of child abuse. I also understand that my employment is conditional upon my satisfactory passing a physical examination and/or drug screening, if one is requested, to be given by a physician or registered nurse selected by The YMCA of Waycross and until results of my driving record, my criminal history record, reference checks and other documents required by law are completed, and until information given by me had been verified.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so a fair decision can be made.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_