

## JAMES FAMILY PRESCOTT YMCA 750 Whipple Street Prescott, AZ 86301 (928) 445-7221

## **EMPLOYMENT APPLICATION**

Date:						
Last Name:	ast Name: First Name: Midd					
Street Address :	ss: Home Phone:					
City:	Cell Phone:					
Email:						
Position Desired:	Date A	vailable For Work:				
Hours and days that you			Desired Salary:			
Will You Work Weekend	s? Yes No	Full Time	Part Time			
			Temporary			
Have You ever been er	mployed by any YMCA?	Yes No				
	inproved by any rivier.					
			All employees will be fingerprinte			
If Yes, Please Explain :	,					
If Yes, Please Explain : Summarize Skills or Cu	rrent Certifications:		afety Instruction			
If Yes, Please Explain : Summarize Skills or Cu	rrent Certifications: e Lifeguardin					
If Yes, Please Explain :  Summarize Skills or Cu  CPR First Aide Other Skills or Certifica	rrent Certifications: e Lifeguardin					
If Yes, Please Explain :  Summarize Skills or Cu  CPR First Aide Other Skills or Certifica	rrent Certifications: e Lifeguardin					
If Yes, Please Explain:  Summarize Skills or Cu  CPR First Aide Other Skills or Certifica  EDUCATION	rrent Certifications: e Lifeguardin	g Water Sa	afety Instruction			
If Yes, Please Explain:  Summarize Skills or Cu  CPR First Aide Other Skills or Certifica  EDUCATION  Circle Last Year Completed	rrent Certifications: e Lifeguardin	g Water Sa	afety Instruction			
If Yes, Please Explain:  Summarize Skills or Cu  CPR First Aide Other Skills or Certifica  EDUCATION  Circle Last Year Completed  High School 1 2 3 4	rrent Certifications: e Lifeguardin	g Water Sa	afety Instruction			

## **EMPLOYMENT HISTORY / PROFESSIONAL REFERENCES**

Please start with most recent.

Company Name:		Telephone:	Telephone:			
Address:		Employed From: To:				
Name of Supervisor:		Starting Pay:				
Job Title and Work Dutie	5	Reason for Leaving:				
Company Name:		· ·	Telephone:			
Address:		Employed From:				
Name of Supervisor:  Job Title and Work Duties	S	Starting Pay: Ending Pay:  Reason for Leaving:				
Company Name:		Telephone:				
Address:		Employed From:	To:			
Name of Supervisor:		Starting Pay:	Ending Pay:			
Job Title and Work Dutie	S	Reason for Leaving:				
PERSONAL REFEREN List Individuals you h Name	CES ave known for two years or n Address	more.	Phone Number			
	t, the Prescott YMCA may cons	•	current employers.			

Please review and answer the following questions. "Yes" answers to the following questions will not necessarily result in denial of employment. The YMCA will consider all the circumstances, including the date and the nature of events which have led to the actions described in the following. Your written explanation will assist the YMCA in determining your eligibility and suitability for employment. Attach additional sheets if necessary. 1. Have you ever been arrested, convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment). Answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "Yes", you must provide dates of the proceedings, the court where the proceedings occurred, and the statement of the accusation against you and the final disposition of the case (s). YES Explanation: 2. Have you ever been dismissed (fired) from any job or resigned at the request of your employer? You must answer "Yes" even if the matter was resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "Yes", you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination. NO YES Explanation: 3. Have you ever been convicted of a crime against children. NO\_\_\_\_\_\_ YES\_\_\_\_\_ If so, please provide details below, including the dates of conviction, court where convicted, sentence imposed and present status of conviction. **PLEASE REVIEW AND SIGN** The information provided in this application is certified to be true and complete for all practical purposes. It may be verified by the James Family Prescott YMCA of Yavapai County. If employed, I understand that any misstatement or omission of information on this application my result in my immediate discharge without recourse. I hereby authorize any prior employees, schools, persons, agencies and other organizations named on employment forms to provide the James Family Prescott YMCA of Yavapai County 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 incur as a result. I understand that all appointments are subject to all liability which they might incur as a result. I understand

that all appointments are subject to a probationary period of ninety working days and that I may be

Family Prescott YMCA of Yavapai County is an Equal Opportunity Employer.

Signature

terminated with or without cause during that time. I understand, at the time of hire, I will be responsible for costs incurred to complete fingerprinting and background investigation fees. I also understand that the James

Date