



Clallam County Family YMCA Employment Application Form

APPLICANT: PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Please present in person Or Mail completed application to: (302 South Francis Street Port Angeles, WA 98362) or fax application to: (360.452.7140)	OFFICE USE ONLY: Date received: Reviewed by:
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DATE OF APPLICATION _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone () _____ Email _____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position/s applied for (1) _____
(Be specific) (2) _____

Days/hours available to work

Any _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ When are you available to start? _____

Employment desired FULL-TIME PART-TIME SEASONAL TEMPORARY

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION CITY & STATE	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a conviction record will not necessarily disqualify you from employment).

If yes, please explain _____

(OVER)

OFFICE SKILLS							
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other skills _____ _____ _____				

REFERENCES	
Please list two business references (non-relatives).	
Name _____	Name _____
Position _____	Position _____
Location _____	Location _____
Telephone () _____	Telephone () _____
RELEVANT EXPERIENCE: Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.	

WORK HISTORY			
Work Experience	Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

WORK HISTORY (CONT.)

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)	Your Last Job Title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)	Your last job title		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present and/or previous employer(s)? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ CAREFULLY

I authorize investigation of all statements contained on this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the organization permission to contact schools, all previous employers (unless otherwise indicated) references, and others, and hereby release the Clallam County Family YMCA from any liability as a result of such contact.

I understand that my employment with the Clallam County Family YMCA shall be contingent on a successful orientation period of ninety (90) days and further that at any time during the orientation period or thereafter, my employment relationship with the Clallam County Family YMCA is terminable at will for any reason by either party.

WE CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL APPLICANTS

Signature of applicant _____ Date: _____

The Clallam County Family YMCA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Clallam County Family YMCA depends solely on your qualifications.

Thank you for completing this application and for your interest in our organization.

