



**Nazareth YMCA**  
*We build strong kids,  
strong families, strong communities.*

# EMPLOYMENT APPLICATION

GENERAL INFORMATION			
Full Name			Date
Address		City	State Zip
Number of years at present address?	Home Telephone	D.O.B	Social Security #
Position Applying:	Availability:		Asking Salary:
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: (A conviction will not necessarily disqualify you.)			

Do you have any objection to a criminal check? YES  NO

If yes, please explain. \_\_\_\_\_

Have you applied here before? YES  NO

If yes, which department? \_\_\_\_\_

Have you worked here before? YES  NO

If yes, which department? \_\_\_\_\_

Are you presently employed? YES  NO

If yes, may we contact your present employer? YES  NO

## EMPLOYMENT INFORMATION

Present or Previous Employer				Date of Employment From:                      To:	
Address	City	State	Zip Code	Telephone	
Job Title and Duties					
Reason for Leaving				Leaving Salary	
Past Employer				Date of Employment From:                      To:	
Address	City	State	Zip Cod	Telephone	
Job Title and Duties					
Reason for Leaving				Leaving Salary	

## Education

SCHOOL NAME & LOCATION	Years Attended From                      To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Middle School				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School    2. Associate    3. Bachelor    4. Master    5. Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
Keyboarding  _____ WPM	Computer Skills, i.e. Microsoft Office-Word, Excel, Outlook, etc.		Other machines requiring special skills:	

## TRAINING AND CERTIFICATIONS

Training/Certification	Certifying Organization	Date Obtained	Valid thru

## REFERENCES

Reference Name	Occupation	Address	Phone
1.			
2.			
3.			

**IN CASE OF AN EMERGENCY NOTIFY:**

NAME

ADDRESS

PHONE NO.

**“ I CERTIFY THAT THE ATTACHED FACTS CONTAINED IN THIS APPLICATIONG 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, AND RELEASE ALL PARTIES FROM ALL 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, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.”**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE ON THIS PAGE  
OFFICE USE ONLY**

**INTERVIEWED BY:**

**DATE:**

**REMARKS:**

**ABILITY:**

**NEATNESS:**

**HIRED:**  YES  NO **POSITION:**

**DEPT.:**

**SALARY/WAGE:**

**START DATE:**

**APPROVED: 1.**  
EMPLOYMENT MANAGER

**2.**  
DEPT. HEAD

**3.**  
GENERAL MANAGER