



# ROGUE VALLEY FAMILY YMCA APPLICATION FOR EMPLOYMENT

## PLEASE READ BEFORE COMPLETING THIS APPLICATION

It is the policy of the YMCA to make employment available to all persons regardless of race, color, religion, sex, age, marital status, sexual orientation, national origin, disability, or financial circumstances without discrimination. The policy is meant to include all categories protected by local, state and federal law. 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 meet all minimum qualifications required for the position.

**Complete all questions and return to:  
Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501  
(541) 772-6295; www.rvymca.org**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Full Legal Name*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip* Email: \_\_\_\_\_

Are you authorized to work in the United States:  Yes  No  
*(If you are hired, you will be required to furnish proof of your employment eligibility.)*

Are you at least 16 years of age?  Yes  No At least 18?  Yes  No

## POSITION DESIRED

Applying for position as: \_\_\_\_\_

Are you seeking:  Full-time  Part-time  Seasonal  Temporary

Acceptable wage/salary: \_\_\_\_\_ Date available: \_\_\_\_\_

Are you available to work even if attending school?  Yes  No

Have you worked for this YMCA or any YMCA?  Yes  No

If so, where and when? \_\_\_\_\_

How were you referred to the YMCA?

Employee  Ad  School  Drop-In  Agency  On-line  Other

Name of referral source: \_\_\_\_\_

Have you ever been discharged, fired or asked to resign a job?  Yes  No

If yes, give dates and circumstances: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Current or previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Current or final wage/salary: \_\_\_\_\_

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

Your title: \_\_\_\_\_

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

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

Reason for terminating or considering change: \_\_\_\_\_

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

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

May we contact this employer as we consider your application?  Yes  No

Current or previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Current or final wage/salary: \_\_\_\_\_

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

Your title: \_\_\_\_\_

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

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

Reason for terminating or considering change: \_\_\_\_\_

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

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

May we contact this employer as we consider your application?  Yes  No

## EDUCATION

### LIST SCHOOLS CURRENTLY ATTENDING OR HAVE ATTENDED:

School Name: \_\_\_\_\_ City & State: \_\_\_\_\_

High School     Trade School     Community College     University     Other

Degree pursued: \_\_\_\_\_ Graduated?     Yes     No

Additional information: \_\_\_\_\_

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School Name: \_\_\_\_\_ City & State: \_\_\_\_\_

High School     Trade School     Community College     University     Other

Degree pursued: \_\_\_\_\_ Graduated?     Yes     No

Additional information: \_\_\_\_\_

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School Name: \_\_\_\_\_ City & State: \_\_\_\_\_

High School     Trade School     Community College     University     Other

Degree pursued: \_\_\_\_\_ Graduated?     Yes     No

Additional information: \_\_\_\_\_

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### LIST SPECIAL SKILLS:

Describe any volunteer work, other experience, interest, training, or honors received in which you consider relevant to your ability to perform the job sought:

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List all current certifications, licenses, permits, etc. (i.e. Lifeguard, CPR, First Aid, Personal Training, Childcare):

Name or type of certification

Expiration date

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List equipment, machinery or trade skills relative to your ability to perform the functions of the job sought. Include skill level and years of experience:

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## REFERENCES

### LIST THREE PERSONAL REFERENCES AND ONE SHOULD BE A FAMILY MEMBER:

Name 1: \_\_\_\_\_ Relation to you 1: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Email 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relation to you 2: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Email 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relation to you 3: \_\_\_\_\_

Phone 3: \_\_\_\_\_ Email 3: \_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA with any relevant information that may be required and hereby release them from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission on my application may justify refusal of employment. In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. 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. My compensation, hours of employment and all other terms and conditions of employment are subject to modification or change at the YMCA's discretion.

I will comply with all rules in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I authorize the YMCA 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. I understand the YMCA's policy to secure criminal history information as a part of the pre-employment screening process and will be seeking any information in my background related to crimes against persons such as child abuse.

**CONVICTIONS:** You will not be offered a job for a conviction of any crime listed as a disqualifier. A criminal conviction for crimes that are not listed as a disqualifier does not mean you will not be offered a job. What you were convicted of, date of conviction, and the circumstances surrounding the conviction will be considered to determine your eligibility.

**YOUTH PROTECTION CODE OF ETHICS:** Our staff will exhibit the highest ethical best practices and personal integrity. Our staff will provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment. Our staff will not physically, sexually, or emotionally abuse or neglect a youth or adult. Our staff will share concerns about suspicious or inappropriate behavior with their supervisor or administrator. Our staff will accept their personal responsibility to protect youth and adults from all forms of abuse, and will report any suspected abuse or neglect of a youth to the state authorities.

**I have read the statement and accept the same as a condition of my employment with the YMCA.**

\_\_\_\_\_  
*signature of applicant*