



# 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: \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip*

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 previously applied for employment at this YMCA?  Yes  No

Have you worked for 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: \_\_\_\_\_ Relation to you: \_\_\_\_\_

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

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

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

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

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

### 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 (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 justification 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. 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, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion. In the event of my employment, I will comply with all rules and regulations as set forth 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 further understand that it is this YMCA's policy to check criminal history information after an initial interview or conditional offer of employment. I understand the YMCA's need to provide a safe environment for all. I understand the YMCA will be seeking any information in my background related to crimes against persons such as child abuse.

**CONVICTIONS:** You are not eligible for a job for a conviction of any crime listed as a disqualifier. We follow the State of Oregon Department of Education guidelines.

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

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

## AUTHORIZATION FOR BACKGROUND CHECK

**ALL INFORMATION MUST BE COMPLETED. PLEASE PRINT LEGIBILITY IN INK AND SIGN FORM. THIS BACKGROUND CHECK IS ONLY PROCESSED AFTER AN INTIAL INTERVIEW OR CONDITIONAL OFFER OF EMPLOYMENT.**

Name: \_\_\_\_\_  
*Last First Middle*

Other Alias or Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street City State/Zip*

Previous Address: \_\_\_\_\_  
*Street City State/Zip*

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*month/day/year*

Social Security Number: \_\_\_\_\_

### BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize the **Rogue Valley Family YMCA**, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment and/or volunteer service now and, if applicable, during the tenure of my employment and/or volunteer service with the **Rogue Valley Family YMCA**.

I release the **Rogue Valley Family YMCA** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

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

\_\_\_\_\_  
*date*

### FOR YMCA OFFICE USE ONLY. LEVEL OF SCREENING:

Circle one: 1 (none, youth) 2 (sign waiver) 3 (databases) 4 (on-line) 5 (registry)

Authorized by: \_\_\_\_\_

Notes: \_\_\_\_\_