



Family YMCA of Marion & Polk Counties

685 Court St. NE • Salem, OR 97301
Phone: (503) 581-YMCA • Fax: (503) 581-9626
Web: www.youry.org

Application for Employment

The Family YMCA of Marion & Polk Counties is an Equal Opportunity Employer . Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, gender, age, sexual orientation, physical or mental disability, or any other bias protected by federal, state, or local legislation concerning equal opportunity in employment.

Position applying for: _____ Today's Date: _____

Have you ever applied at the YMCA before? Yes No

Personal information

First name: _____ Middle initial: _____ Last name: _____

Address: _____ Phone _____

City, state, ZIP: _____ E-mail: _____

Are you 18 years of age or older? Yes No

Have you ever been employed by the Family YMCA of Marion & Polk Counties before? Yes No

Can you legally work in the United States (and provide verification upon hiring)?..... Yes No

Have you ever been convicted of a felony, or for child abuse or sex-related crimes?..... Yes No

If yes, please elaborate: _____

Education and training

Include any additional education, vocational training, professional information, certificates, or licenses held on an attached resume, if necessary.

High school attended: _____ City, state: _____

Did you graduate or receive a GED?..... Yes No Still attending

Year of graduation or completion of GED:..... _____

College or university attended: _____ City, state: _____

Did you graduate? Yes No Still attending

Degree attained: _____ Major: _____ Year attained: _____

College or university attended: _____ City, state: _____

Did you graduate? Yes No Still attending

Degree attained: _____ Major: _____ Year attained: _____

Employment history

List most recent employer first

1. Company: _____
Street: _____ City _____ State: _____ Phone: _____
Supervisor's name: _____ Title: _____
Employment dates: _____ Last position held: _____
Brief description of duties: _____
Reason for leaving: _____ Final rate of pay: _____

2. Company: _____
Street: _____ City _____ State: _____ Phone: _____
Supervisor's name: _____ Title: _____
Employment dates: _____ Last position held: _____
Brief description of duties: _____
Reason for leaving: _____ Final rate of pay: _____

3. Company: _____
Street: _____ City _____ State: _____ Phone: _____
Supervisor's name: _____ Title: _____
Employment dates: _____ Last position held: _____
Brief description of duties: _____
Reason for leaving: _____ Final rate of pay: _____

Professional and work-related references that we may contact

Name: _____ Occupation: _____ Relation: _____ Phone: _____

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Name: _____ Occupation: _____ Relation: _____ Phone: _____

Name: _____ Occupation: _____ Relation: _____ Phone: _____

I hereby authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Family YMCA of Marion & Polk Counties to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide authorization concerning my experience releasing all parties from any liability arising therefrom.

I hereby agree to submit to legally permissible drug and/or alcohol testing upon request by the Family YMCA of Marion & Polk Counties. I recognize that the results of these tests may be used to determine my employment. I understand and expressly agree that if employed by the Family YMCA of Marion & Polk Counties storage areas provided for me (locker, desk, computer, voice mail, etc.) are open to investigation by the Family YMCA of Marion & Polk Counties without prior notice to me.

If I am employed by the Family YMCA of Marion & Polk Counties I understand my employment may be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the Executive Director/CEO, no manager, supervisor or representative of the Family YMCA of Marion & Polk Counties has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Family YMCA of Marion & Polk Counties.

My signature below certifies that I have read and understand the foregoing and, to the best of my knowledge and belief, the information on this form is true and correct. I agree to be bound by the terms and conditions stated in this application. This application contains all the understanding between me and the Family YMCA of Marion & Polk Counties concerning the nature of my employment, if any, by the Family YMCA of Marion & Polk Counties and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Family YMCA of Marion & Polk Counties. I understand and agree that, except as noted above, no person who is either an agent or employee of the Family YMCA of Marion & Polk Counties may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Signature: _____ Date: _____