 **Application for Employment Clinton Community YMCA**

**PERSONAL INFORMATION** We are an equal opportunity employer. **Date:**

|  |  |  |
| --- | --- | --- |
| **Last-Name:** | **First-Name:**  | **Middle:**  |
| **Address:**  | **City:** | **State:** **Zip Code:** |
| **Phone:**  | **Alternate-Phone:**  | **Social Security Number:** |
| **Email:**  |   |   |

**EMPLOYMENT INFORMATION**

Position Applied For:

Date Available to Start:       Type of Employment:

Have you ever been convicted of a felony?

If Yes, Please Explain:

Have you ever been employed here before?

Are you legally eligible for employment in this country?

If you are under 18, do you have a work permit?

**EMPLOYMENT HISTORY**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **ADDRESS** | **PHONE** |
| **DATE (Start—End)** | **JOB TITLE** | **HOURLY RATE/SALARY** |
| **Nature of work & responsibilities**  |  |  |
| **Reason for Leaving** | **Supervisor**  |  |

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **ADDRESS** | **PHONE** |
| **DATE (Start—End)** | **JOB TITLE** | **HOURLY RATE/SALARY** |
| **Nature of work & responsibilities** |  |  |
| **Reason for Leaving** | **Supervisor** |  |

**EDUCATION**High School:       Subject Studied (if applicable)
College:       Subjects/Degree:
College:       Subjects/Degree:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

|  |  |  |
| --- | --- | --- |
| **Name** | **ADDRESS** | **PHONE** |
| **Relationship**  |
| **Name** | **ADDRESS** | **PHONE** |
| **Relationship** |
| **Name** | **ADDRESS** | **PHONE** |
| **Relationship** |

The following section is to be completed by applicant for an OFFICE POSITION Only:

Can you type?  How many words per minute?

Computer Skills Mac [ ]  PC [ ]

Please provide computer and software knowledge below:

*Applicant Authorization:*

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Electronic Authorization

Name:

 *Date*