



SOUTH COUNTY FAMILY YMCA, INC.

The YMCA considers all applications without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Applicant Information

Full Name:				Date:				
<i>Last</i>		<i>First</i>		<i>M.I.</i>				
Address:				Apartment/Unit #				
<i>Street Address</i>				<i>State</i>		<i>ZIP Code</i>		
Phone:	()	E-mail Address:						
Date Available:		Social Security No.:		Desired Salary:	\$			
Are you available to work:			Full Time:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Part Time:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for:								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:								

Education

High School:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional references.

Full Name:		Relationship:					
Company:		Phone:		()			
Address:							
Full Name:		Relationship:					
Company:		Phone:		()			
Address:							

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be important to us in considering your application.

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			

If other than honorable, explain:			
Disclaimer and Signature			
<p><i>I CERTIFY that my answers above are true and complete to the best of my knowledge.</i></p> <p><i>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand that this application is not and is not intended to be any kind of contract or agreement. I authorize South County Family YMCA, Inc., to investigate any statement contained in this application.</i></p> <p><i>Drug test required for employment.</i></p>			
Signature:		Date:	

Please return completed application and any additional information to:

The South County Family YMCA
ATTN: Human Resources
701 Center Road
Venice, FL 34285

or fax to 941-496-8028