



**DARIEN COMMUNITY Y ASSOCIATION
APPLICATION FOR EMPLOYMENT
(EQUAL OPPORTUNITY EMPLOYER)**

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. 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 for which you are applying.

PERSONAL DATA

Name _____ Date _____
Last First Middle

Address _____
Street City Zip

Telephone: Home: _____ / _____ Cell: _____ / _____ Wk.: _____ / _____

Email: _____

Are you 18 Years of age or over? Yes ___ No ___ Are you a veteran? Yes ___ No ___ Dates of Military Service: _____

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)

Other names used during prior employment: _____
Maiden Name, Other Surnames, Etc.

FURNISH THIS INFORMATION ONLY IF REQUESTED

Social Security Number _____ Driver's License Number _____ State _____ Class _____

How many moving violations during the last 12 months _____ Do you currently have liability insurance? _____

GENERAL

Applying for position as _____ Acceptable Salary Range _____
 ___ Full Time ___ Part Time ___ Temporary Notice Required _____

At which YMCA Branch _____ Date Available _____

If applying for seasonal work, are you available to work during the school term? Yes ___ No ___

Have you previously applied for employment for any YMCA? Yes ___ No ___ Worked for any YMCA? Yes ___ No ___
 If so, when? _____ Location _____

How were you referred to the YMCA?
 Employee ___ Advertisement ___ School ___ Drop In ___ Agency ___ Other ___

Name of referral source indicated above _____

Have you failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position? Yes ___ No ___

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Current, or last, employer _____ Employed From _____ to _____

Street address _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of

Immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes ___ No ___ If yes, describe _____

Reason (s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes ___ No ___

Current, or last, employer _____ Employed From _____ to _____

Street address _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of

Immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes ___ No ___ If yes, describe _____

Reason (s) for terminating, or considering a change _____

What did you like most about this job? _____

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Street address _____

City _____ State _____ Zip _____ Telephone _____ / _____

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Immediate supervisor _____ Your title _____

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What did you like most about this job? _____

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May we contact this employer while we are considering your application? Yes ___ No ___

EDUCATION

| | Print Name, City, and State For Each School Listed | Dates | Type of Course or Major | Grad- uated? | Degree Received |
|--|---|------------|----------------------------|-----------------|--------------------|
| High School | | From _____ | | | |
| | | To _____ | | | |
| College | | From _____ | | | |
| | | To _____ | | | |
| College | | From _____ | | | |
| | | To _____ | | | |
| Trade, Bus., Night or Corres. | | From _____ | | | |
| | | To _____ | | | |
| Other | | From _____ | | | |
| | | To _____ | | | |

Are you presently in school? Yes ___ No ___ If yes, give expected completion date _____

List course you are taking _____

If not a high school graduate, indicate highest grade completed _____

If not a high school graduate, have you earned a General Educational Development (GED) or high school equivalency? Yes ___ No ___

SPECIAL SKILLS

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

List all current special licenses(es), permit(s), certification(s) and level or credited hours. (CPR, live guard, First Aid, etc.)

| Type | Level | Expiration Date |
|-------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include you skill level and/or years of experience
