



## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA of Middle Tennessee to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible

### PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security Number	Home Telephone Number ( )
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address	Message / Business Number + Extension ( )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address	Email Address
Can you, after an offer of employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever plead guilty to, or been convicted of, a criminal offense (see below *) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give dates and explain: (A conviction will not necessarily disqualify you)		
I understand that any and all continued employment with the YMCA of Middle Tennessee is dependent upon the results of my driving record, criminal history record, reference checks, and any other documents required that need to be verified. _____ Initial		
* <b>CONVICTIONS:</b> A conviction does not automatically mean you will not be offered the job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility/continued employment. Give all the facts, so that a fair decision can be made. _____ Initial		

### EMPLOYMENT DESIRED

POSITION(S) for which you are applying	Date available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How were you referred to the YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Web Site <input type="checkbox"/> Other (please specify source below) _____ Name of Employee _____		
Have you ever been a member of the YMCA of Middle TN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, at which location? _____		
Are you presently a member of the YMCA of Middle TN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, at which location? _____		
Have you ever been employed by the YMCA of Middle Tennessee? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ to _____ BRANCH: _____ MM / DD / YYYY MM / DD / YYYY		
If yes, did you participate in the YMCA Retirement Fund? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW		
Have you ever worked at any other YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH: _____ If yes, when? _____ to _____ LOCATION: _____ MM / DD / YYYY MM / DD / YYYY ASSOCIATION NAME / CITY / STATE		
If yes, did you participate in the YMCA Retirement Fund? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW		



**PROFESSIONAL / PERSONAL REFERENCES**

(Four references required; please include two relatives and use a star \* to indicate which references are relatives)

Name	Address	Area Code	Phone Number
1.			
2.			
3.			
4.			

List below the names of relatives, friends or acquaintances employed by the YMCA of Middle Tennessee and their relationship to you:

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**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that this application is only valid for the position applied for at present and that the YMCA of Middle Tennessee is not obligated to retain or consider this application for future openings.

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 understand that falsification of this application in any detail is grounds for disqualification from further consideration of/or for dismissal from employment

I authorize the YMCA of Middle Tennessee to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA of Middle Tennessee’s policy manual or other communications distributed to employees, and understand as a condition of continued employment will be my compliance with the YMCA of Middle Tennessee’s controlled substance abuse and testing policy.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered for.

If I am employed by the YMCA of Middle Tennessee, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA of Middle Tennessee or myself. I understand that no manager, supervisor or representative of the YMCA of Middle Tennessee has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. 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 YMCA of Middle Tennessee.

I understand the YMCA of Middle Tennessee reserves the right to conduct criminal background and reference checks on all applicants being considered for employment. I hereby give my permission for the YMCA of Middle Tennessee to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agency, may include arrests and convictions. I understand that this information will be used, in part, to determine my eligibility for a position with the YMCA of Middle Tennessee. I understand that I will have an opportunity to review any disqualifying criminal history and that a procedure is available for clarification, if I dispute the record as received.

I have read the above statements and accept the same as a condition of my employment with the YMCA of Middle Tennessee.

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Applicant Signature

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Date of Application