

# Application For Employment



San Gabriel Valley YMCA, 412 East Rowland Street, Covina, CA 91723-2743 Tel. 626-339-6221 Fax 626-339-4594

We consider applications for all without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

(Please Print)

Position(s) applied for	Date of application
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Home Number	Social Security Number
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Best time to contact you?	_____ : _____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by a YMCA before? If yes, give date, name of YMCA and city _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If yes, state names, relationship and location. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work? ____ / ____ / ____	What is your desired salary range?	_____
Are you available to work:	<input type="checkbox"/> Full Time (Please indicate 1 2 3 shift)	
	<input type="checkbox"/> Part Time (Please indicate Mornings Afternoons Evenings)	
	<input type="checkbox"/> Temporary (Please indicate dates available ____ / ____ - ____ / ____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Pre-Employment Questionnaire An Equal Opportunity Employer**

## Education

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates		Work Performed
Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates		Work Performed
Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates		Work Performed
Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.


Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**Additional Information**

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


**Specialized Skills**


Note to applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job occupation has been given.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**Personal / Professional References**

*Include 1 family member.*

Name	Phone Number	Best Time to call	Occupation

**Have you been convicted of a felony and/or misdemeanor within the last 5 years?**

If yes, explain. (Will not necessarily exclude you from consideration)


This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

### CALIFORNIA DISCLOSURE

As part of the employment process, The San Gabriel Valley YMCA, ("The Company"), will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. The following Consumer Reporting Agency will prepare the report:

**ChoicePoint WorkPlace Solutions Inc.**  
**Consumer Disclosure Center**  
**PO Box 105292**  
**Atlanta, GA 30348**  
**1-800-845-6004**

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Additional Information required for screening:

Birth date: \_\_\_\_\_

My signature below indicates that I have read the above statements and agree to allow the company to process the report. I certify that answers given herein are true and complete.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date