



North Central Florida YMCA Employment Application

NCF YMCA
 5201 NW 34th Blvd.
 Gainesville, FL 32605
 352.374.9622 phone
 352.372.5247 fax

Please complete the entire application, including all three attached reference forms. Applications will not be complete and/or reviewed until all three completed reference forms are received by Human Resources. References can be dropped off with the application, or faxed to 352.372.5247.

PERSONAL INFO

Date of Application: _____ Position Applying For: _____ Available Start Date _____

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Phone Number: _____ Email: _____

Are you over 18 years of age? YES NO If not, please indicate your age _____

Please list anyone you know who is currently employed by the NCF YMCA.

BACKGROUND INFORMATION

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE OF GRADUATION
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE			

OTHER TRAINING / CERTIFICATIONS HELD: (ex. CPR, Computer Skills, etc.)

Course	Date
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a felony? YES NO
 If Yes, please detail: _____

EMPLOYMENT HISTORY

Please list all positions you have held, beginning with your most recent. Please include self-employment and volunteer work. Attach additional sheets, if necessary.

Current or last employer _____ Employed from _____ to _____

Address _____

Phone Number _____ Salary _____ Immediate Supervisor _____

Position Held _____ Did this position include supervisory experience? YES NO

List major duties performed in this position: _____

Reason(s) for 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 considering your application? YES NO



Current or last employer _____ Employed from _____ to _____

Address _____

Phone Number _____ Salary _____ Immediate Supervisor _____

Position Held _____ Did this position include supervisory experience? YES NO

List major duties performed in this position: _____

Reason(s) for 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 considering your application? YES NO

REFERENCES

Please list three references and have them complete the three attached reference forms. One reference must be a family member. The other two may be former employers, teachers, volunteer coordinators, etc.

Name	Phone Number	Email Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

INTEREST STATEMENT

The YMCA's core values are caring, honesty, respect and responsibility. Please write a brief statement about how you would incorporate these values into your job duties at the YMCA, if hired.

"I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration of my application and/or dismissal from employment. I hereby authorize the YMCA to contact my previous employers and personal references." _____ initials

"I agree to conform to the rules and policies of the YMCA and understand that my employment and compensation can be terminated with or without cause at any time, by either the YMCA or myself. I understand that no representative of the YMCA has any authority to enter into any agreement for employment for any specified period of time, unless the agreement is in writing and signed by the Branch Executive Director or CEO of the North Central Florida YMCA, Inc." _____ initials

"I understand that the application process for employment with the North Central Florida YMCA, Inc. is a multi-step process, which includes initial interview, background screening and secondary interview prior to any offers of employment being extended. I further understand that if I am selected to move on to the background screening phase of the process, I will be responsible for all fees associated with background screening." _____ initials

Applicant Signature _____ Date _____

Equal Employment Opportunity: It is the policy of the North Central Florida YMCA, Inc. to implement the Equal Employment Opportunity Act for all employees and applicants for employment without regard to race, creed, religion, mental or physical disability, national origin, color, ancestry, sex or age.

FOR OFFICE USE ONLY

Date application received in HR: _____ Date logged: _____ Initials: _____

Dept. application forwarded to: _____ Date forwarded: _____ Initials: _____

Selected for interview? YES NO Date of 1st Interview: _____ Date of 2nd Interview: _____

Selected for background screening? YES NO Date referred for screening: _____ Results: _____

Date screening results received: _____ Selected for hire? YES NO Date: _____

Entrance Interview / Orientation Scheduled? YES NO Information: _____ Start Date: _____

NORTHWOOD YMCA Applicant Availability Worksheet

Applicant Name: _____ Contact Number: _____

How many hours per week are you available to work? _____ minimum _____ maximum (not over 35)

Are you currently in school or working elsewhere? YES / NO Please specify _____

Please complete the following table with your availability.

Day	Hours Available to Work	School / Other Job Schedule
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

North Central Florida YMCA Personal Reference Form

NCF YMCA
5201 NW 34th Blvd.
Gainesville, FL 32605
352.374.9622 phone
352.372.5247 fax

Applicant's Name: _____ Last Four Digits of SS#: _____ Date: _____

The applicant named above has applied for a _____ position with the North Central Florida YMCA. Your name has been given as a reference. Please complete this form, indicating to the best of your knowledge, characteristics of this applicant applicable to job preparation and performance. If requested, the applicant may review any reference on file in the Human Resources Office. **Directions: Check only one box to rate the applicant's strength for each characteristic listed.**

<i>Characteristic</i>	<i>Outstanding</i>	<i>Above Satisfactory</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>	<i>Not Satisfactory</i>	<i>Unknown</i>	<i>Not Applicable</i>
Communication <i>(oral & written)</i>							
Punctuality							
Attitude							
Judgment							
Responsibility							
Flexibility <i>(Adaptability to change)</i>							
Time Management							

1. How long have you known this applicant? _____ YEARS _____ MONTHS
2. What is your relationship with this applicant? _____
3. How would you rate this applicant's work ethic? **STRONG / AVERAGE / WEAK**
4. Do you know of any reason why this person should not work around children? **YES / NO**
5. Would you ever hire this applicant to work for you? **YES / NO**
6. Please write a brief statement about this applicant's strengths: _____

7. May we contact you about this reference? **YES / NO**

Reference Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____ Phone #: _____



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Communication <i>(oral & written)</i>							
Punctuality <i>(Arrival to work, meeting deadlines, etc.)</i>							
Attendance							
Attitude							
Judgment							
Initiative / Leadership							
Flexibility <i>(Adaptability to change)</i>							
Time Management							
Following Directions							
Quality of Work							
Overall Performance							

1. How long have you known this applicant? _____ YEARS _____ MONTHS
2. What position or job did this person perform for you? _____
3. Did you supervise this applicant? **YES / NO** If Yes, continue with questions 4-6, if No, skip to question 7.
4. Was there a problem with absenteeism? **YES / NO** Tardiness? **YES / NO**
5. Has there been any disciplinary action taken against or investigation concerning the applicant with regard to unprofessional conduct, incompetence, insubordination or immorality? **YES / NO**
6. What status does the applicant have with your workplace? **ELIGIBLE FOR REHIRE / WOULD NOT REHIRE**
7. If you did not supervise the applicant, what is your relationship with this individual? _____
8. Do you know of any reason why this person should not work around children? **YES / NO**
9. Please identify this applicant's strengths: _____

10. May we contact you regarding this reference? **YES / NO**

Reference Name: _____ Title: _____

Signature: _____ Date: _____

Company / Organization: _____ Phone #: _____



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