



EMPLOYMENT APPLICATION

Emerald Coast YMCA

Destin Family YMCA

North Okaloosa Family YMCA

Fort Walton Family YMCA

Walton County YMCA

YMCA Child Care of Okaloosa County

Position Applied For:

Last Name		First Name		Middle Name	
Current Address			City	State	Zip
Phone Number ()			Social Security Number		

EDUCATION

High School		City	State
Course of Study		Date of Graduation	
College		City	State
Major	Minor	Years Completed: Fr. So. Jr. Sr.	
Degree Earned		Date of Graduation	
College		City	State
Major	Minor	Years Completed: Fr. So. Jr. Sr.	
Degree Earned		Date of Graduation	

OTHER TRAININGS/CERTIFICATIONS (Example: CPR, Lifesaving, AFAA)

Course	Date
_____	_____
_____	_____
_____	_____
_____	_____

PREVIOUS EMPLOYMENT (List the last three employers starting with the most recent)

Company	Company	Company
Position	Position	Position
Dates of Employment From: To:	Dates of Employment From: To:	Dates of Employment From: To:
Supervisor	Supervisor	Supervisor
Phone Number	Phone Number	Phone Number
Reason for Leaving	Reason for Leaving	Reason for Leaving

Have you ever been convicted of a felony?
 If so, Date: Charge: City, State:

Note: The YMCA is a smoke-free environment.

PERSONAL REFERENCES (Do not include relatives)

Name	Address	Phone Number

INTEREST STATEMENT

In this section, please write a brief statement as to why you want to work for the YMCA.

“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 and/or for dismissal from employment. I hereby authorize the YMCA to contact my previous employers and my personal references and I understand that the YMCA may choose to do a background investigation which may involve contacting some or all of the following sources: Criminal Court/Clerk, Department of Human Services, and any relevant state bureau. I hereby authorize all of these sources to release information about me, and I understand that the YMCA may contact sources not listed herein.

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 the option of 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 Executive Director.”

Date: _____ Signature: _____

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