



## YMCA OF POMONA VALLEY

### 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 Company 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. Failure to provide complete information will exclude you from consideration for employment.

### PERSONAL INFORMATION

|   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| NAME: Please PRINT or TYPE  | Cell Phone No.                       | Home Telephone No.                 |
| ADDRESS: Street Number and Name, City, State, Zip Code  | Number of years at present address?  | Message/Business No. + Ext.<br>( ) |
| PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code   | Number of years at previous address: |                                    |
| E-MAIL ADDRESS  |                                      |                                    |
| Can you, after employment, submit verification of your legal right to work in the United States?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                                      |                                    |
| Are you over 18?    If hired, do you have a reliable means of transportation to get to work?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO                                   |                                      |                                    |
| Have you ever been convicted of a crime? (ie; misdemeanor, felony, child abuse or sex-related crimes)<br><input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please explain:<br>(A conviction will not necessarily disqualify you.) |                                      |                                    |
|   |                                      |                                    |



## EMPLOYMENT DESIRED

|   |  |                |
|---|--|----------------|
| Type of POSITION desired:   | Date Available   | Salary desired |
| Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer?  |  |                |
| Are you related to anyone presently employed within our organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify? _____  |  |                |
| Please refer to the attached job description for the position for which you are applying.<br>Will you be able to work the schedule described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If not, please describe how the Company could accommodate you:                                    |  |                |
| Have you ever applied at this Company before?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?   | Have you ever been employed by the Company before?<br><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? |                |
| How were you referred to the Company:<br><input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below)<br>(Please identify source below)<br>_____ Name of Employee _____ |  |                |

## EDUCATION AND TRAINING

| SCHOOL NAME & LOCATION   | Years Attended<br>From                      To | Graduate?<br>(Yes/No) | What<br>Degree                              | Major Subject/<br>Total Hours<br>(if applicable) |
|--|--|-----------------------|---|--|
| Elementary   |  |                       |   |  |
| High School  |  |                       |   |  |
| College/University   |  |                       |   |  |
| College/University   |  |                       |   |  |
| Highest Degree Earned<br>(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate  |  |                       |   | Overall College<br>Scholastic<br>Average         |
| Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below. |  |                       |   |  |
| Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.   |  |                       |   |  |
| Keyboarding<br>_____ WPM   | Software Knowledge                             |                       | [ ] Other machines requiring special skills |  |
|  |  | Proficient    Expert  |   |  |
|  | [ ] Access                                     | [ ]                   | [ ]   |  |
|  | [ ] Excel                                      | [ ]                   | [ ]   |  |
|  | [ ] Microsoft Word                             | [ ]                   | [ ]   |  |
|  | [ ] Power Point                                | [ ]                   | [ ]   |  |
|  | [ ] Other: _____                               | [ ]                   | [ ]   |  |
|  | [ ] Other: _____                               | [ ]                   | [ ]   |  |



## U.S. MILITARY SERVICE DATA

|                                  |
|----------------------------------|
| Branch:                          |
| List Special Training or Skills: |

### EMPLOYMENT DATA

| PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST   |                     |  |  |
|--|---------------------|--|--|
| <b>Company Name</b>  | Phone No.<br>(    ) | Dates of Employment<br>From (Mo/Yr)    To (Mo/Yr)    |  |
| Address (Include Street, City, State, Zip Code)  |                     |  |  |
| Job Title-Start  | Job Title-Final     | Base Rate of Pay<br>Start                      Final |  |
| Supervisor (Name & Title)  |                     |  |  |
| Description of Job Duties  |                     |  |  |
| Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Other<br>Explain Circumstances for changing or wanting to change jobs |                     |  |  |
| Were you ever disciplined, warned, or counseled about job performance, absenteeism, tardiness or work rule violation? ?Yes ?No If yes, explain:  |                     |  |  |
| <b>Company Name</b>  | Phone No.<br>(    ) | Dates of Employment<br>From (Mo/Yr)    To (Mo/Yr)    |  |
| Address (Include Street, City, State, Zip Code)  |                     |  |  |
| Job Title-Start  | Job Title-Final     | Base Rate of Pay<br>Start                      Final |  |
| Supervisor (Name & Title)  |                     |  |  |
| Description of Job Duties  |                     |  |  |
| Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Other<br>Explain Circumstances for changing or wanting to change jobs |                     |  |  |
| Were you ever disciplined, warned, or counseled about job performance, absenteeism, tardiness or work rule violation? ?Yes ?No If yes, explain:  |                     |  |  |
| <b>Company Name</b>  | Phone No.<br>(    ) | Dates of Employment<br>From (Mo/Yr)    To (Mo/Yr)    |  |
| Address (Include Street, City, State, Zip Code)  |                     |  |  |
| Job Title-Start  | Job Title-Final     | Base Rate of Pay<br>Start                      Final |  |
| Supervisor (Name & Title)  |                     |  |  |
| Description of Job Duties  |                     |  |  |
| Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Other<br>Explain Circumstances for changing or wanting to change jobs |                     |  |  |
| Were you ever disciplined, warned, or counseled about job performance, absenteeism, tardiness or work rule violation? ?Yes ?No If yes, explain:  |                     |  |  |



|  |                 |                                 |  |
|--|-----------------|---------------------------------|--|
| Supervisor (Name & Title)  |                 |                                 |  |
| Description of Job Duties  |                 |                                 |  |
| Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Other<br>Explain Circumstances for changing or wanting to change jobs |                 |                                 |  |
| Were you ever disciplined, warned, or counseled about job performance, absenteeism, tardiness or work rule violation? ?Yes ?No If yes, explain:  |                 |                                 |  |
| Company Name   |                 | Phone No.<br>( )                | Dates of Employment<br>From (Mo/Yr) To (Mo/Yr) |
| Address (Include Street, City, State, Zip Code)  |                 |                                 |  |
| Job Title-Start  | Job Title-Final | Base Rate of Pay<br>Start Final |  |
| Supervisor (Name & Title)  |                 |                                 |  |
| Description of Job Duties  |                 |                                 |  |
| Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Other<br>Explain Circumstances for changing or wanting to change jobs |                 |                                 |  |
| Were you ever disciplined, warned, or counseled about job performance, absenteeism, tardiness or work rule violation? ?Yes ?No If yes, explain:  |                 |                                 |  |

Please explain any lapses between employers if applicable: \_\_\_\_\_

May we contact your present employer: Yes  No

### REFERENCE DATA

**TWO (2) REFERENCES MUST BE A FAMILY RELATION – ALL OTHERS ARE TO BE BUSINESS/PERSONAL REFERENCES AND MUST NOT BE FAMILY RELATIONS**

| Name | Address | City | State | Zip | Area Code | Phone | Relationship |
|------|---------|------|-------|-----|-----------|-------|--------------|
|      |         |      |       |     |           |       |              |
|      |         |      |       |     |           |       |              |
|      |         |      |       |     |           |       |              |
|      |         |      |       |     |           |       |              |
|      |         |      |       |     |           |       |              |
|      |         |      |       |     |           |       |              |



## PRE-EMPLOYMENT CERTIFICATION

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

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the **YMCA of Pomona Valley** to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

\_\_\_\_\_  
Initial

If employed by the **YMCA of Pomona Valley** I will abide by **YMCA of Pomona Valley** policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

\_\_\_\_\_  
Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the **YMCA of Pomona Valley**. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the **YMCA of Pomona Valley** storage areas provided for me (locker, desk, etc.) are open to investigation by the **YMCA of Pomona Valley** without prior notice to me.

\_\_\_\_\_  
Initial

If I am employed by the **YMCA of Pomona Valley** 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 Pomona Valley** or myself. I understand that, other than the CEO of the Company no manager, supervisor or representative of the **YMCA of Pomona Valley** has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the **YMCA of Pomona Valley** has the authority to make any agreement contrary to the foregoing and then only in writing. 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 Pomona Valley**

\_\_\_\_\_  
Initial



**My signature below certifies that 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.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA of Pomona Valley concerning the nature of my employment, if any, by the YMCA of Pomona Valley and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA of Pomona Valley. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA of Pomona Valley may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

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Applicant Signature

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Date of Application



## YMCA of Pomona Valley Summer Camp Supplemental Application

Name: \_\_\_\_\_

Day or Resident Camp: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Available: \_\_\_\_\_

Email: \_\_\_\_\_

Years of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Years of College: \_\_\_\_\_

Street                      City                      Zip

1. Identify your skill and interest areas:

(Indicate: 1 – lots of skill and experience      2 – Some skill or experience      3 – Interested in learning)

| Skills   |  |  | Current Certifications                            |
|--|--|--|---|
| <input type="checkbox"/> Archery                     | <input type="checkbox"/> Group Games         | <input type="checkbox"/> Pottery                     | <input type="checkbox"/> Lifeguard Certificate    |
| <input type="checkbox"/> Arts & Crafts               | <input type="checkbox"/> Gymnastics          | <input type="checkbox"/> Ropes Course                | <input type="checkbox"/> Basic First Aid          |
| <input type="checkbox"/> Basketball                  | <input type="checkbox"/> Hiking/Backpacking  | <input type="checkbox"/> Skateboarding / Rollerblade | <input type="checkbox"/> CPR                      |
| <input type="checkbox"/> Bilingual in: _____         | <input type="checkbox"/> Hockey              | <input type="checkbox"/> Soccer                      | <input type="checkbox"/> EMT                      |
| <input type="checkbox"/> Boating: Sailing/Canoe Raft | <input type="checkbox"/> Horseback Riding    | <input type="checkbox"/> Song Leading                | <input type="checkbox"/> Water Safety Instructor  |
| <input type="checkbox"/> Candle Making               | <input type="checkbox"/> Ice Skating         | <input type="checkbox"/> Star Gazing/Astronomy       | <input type="checkbox"/> Boating: _____           |
| <input type="checkbox"/> Climbing/Rockclimbing       | <input type="checkbox"/> Juggling            | <input type="checkbox"/> Storytelling                | <input type="checkbox"/> Windsurfing              |
| <input type="checkbox"/> Clowning/Mime               | <input type="checkbox"/> Lifeguarding        | <input type="checkbox"/> Supervision of Children     | <input type="checkbox"/> Archery                  |
| <input type="checkbox"/> Dancing                     | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Supervision of Adults       | <input type="checkbox"/> Outdoor Living Skills    |
| <input type="checkbox"/> Drama/Skits                 | <input type="checkbox"/> Nature Study        | <input type="checkbox"/> Swimming                    | <input type="checkbox"/> Ropes Course<br>Assembly |
| <input type="checkbox"/> Drawing/Painting            | <input type="checkbox"/> Needlecraft         | <input type="checkbox"/> Tie Dyeing/Batik            | <input type="checkbox"/> Bus Driving              |
| <input type="checkbox"/> Environmental Education     | <input type="checkbox"/> New Games           | <input type="checkbox"/> Volleyball                  | _____   |
| <input type="checkbox"/> Fishing                     | <input type="checkbox"/> Orienteering        | <input type="checkbox"/> Weaving                     | Driver's License # & State                        |
| <input type="checkbox"/> Geology                     | <input type="checkbox"/> Patience            | <input type="checkbox"/> Windsurfing                 |   |
| <input type="checkbox"/> Golf                        | <input type="checkbox"/> Photography/Video   | <input type="checkbox"/> Writing                     |   |

2. Do you have an age group preference?      \_\_\_5-8      \_\_\_9-11      \_\_\_12-13

3. What program areas interest you and why?

\_\_\_\_\_

\_\_\_\_\_

4. What characteristics do you feel you can offer the Camp Program as a staff member?

\_\_\_\_\_

\_\_\_\_\_

5. What would you like to accomplish if selected to work at the YMCA of the Pomona Valley Camp Program?

\_\_\_\_\_

\_\_\_\_\_