



DATE OF APPLICATION _____ POSITION DESIRED _____

PERSONAL INFORMATION:

NAME _____ HOME PHONE # _____
CELL PHONE # _____ EMAIL _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____

PLEASE LIST PERSONAL REFERENCES.

DO NOT INCLUDE FAMILY MEMBERS:

NAME _____	PHONE # _____
NAME _____	PHONE # _____
NAME _____	PHONE # _____

EMPLOYMENT INFORMATION

YOUR CURRENT EMPLOYER _____
ADDRESS, STATE, ZIP CODE _____
POSITION/TITLE _____ LENGTH OF EMPLOYMENT _____
PROFESSIONAL REFERENCE _____ PHONE # _____
REASON FOR LEAVING _____

YOUR PREVIOUS EMPLOYER _____
ADDRESS, STATE, ZIP CODE _____
POSITION/TITLE _____ LENGTH OF EMPLOYMENT _____
PROFESSIONAL REFERENCE _____ PHONE # _____
REASON FOR LEAVING _____

SCHOLASTIC INFORMATION

(PLEASE CIRCLE ONE OF THE FOLLOWING):

FULL-TIME PART-TIME NOT CURRENTLY ENROLLED
INSTITUTION _____ PROGRAM _____
SCHOLASTIC REFERENCE _____ PHONE # _____

AVAILABILITY

PLEASE LIST ALL TIMES THAT YOU ARE AVAILABLE TO WORK. PLEASE GIVE REASONS FOR TIMES THAT YOU ARE UNAVAILABLE.

ALL DAYS _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____
COMMENTS: _____

Have you ever been convicted of a felony: YES NO
If YES, please explain: _____

Have you ever worked at another YMCA: YES NO Where & How Long: _____

BY COMPLETING AND SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I WILL REPORT TO THE YMCA ANY CHANGES IN MY INCOME, EXPENSES, FAMILY SIZE, HOME ADDRESS, OR EMPLOYMENT.

SIGNATURE _____ DATE _____



FOOTHILLS AREA FAMILY YMCA APPLICATION FOR EMPLOYMENT
10121 Clemson Blvd, Suite F, Seneca, SC 29678 ph: 864-888-0622 fx: 864-888-0624

Please complete the following sections: Name: _____

Your experience pertinent to this position:

What can you contribute to the Foothills Area Family YMCA:

What do you feel you can gain from working at the YMCA?

What are your strengths and weaknesses?