



YMCA of Greater St. Petersburg Employment Application

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST
HOME PHONE ()	CELL PHONE ()	EMAIL
ADDRESS	CITY	STATE/ZIP
SOCIAL SECURITY # WILL BE OBTAINED UPON HIRE	OVER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE FOR WORK
APPLYING FOR FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	SEASONAL <input type="checkbox"/>
POSITION APPLIED FOR:	LOCATION PREFERENCE:	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO

If you are not applying for a specific vacancy, please indicate your work preference (check all that apply):

ADMIN/CLERICAL MEMBER SERVICES CHILD CARE MAINT/CUSTODIAL FITNESS/WELLNESS

DANCE AQUATICS YOUTH SPORTS TUTORING CAMP BUS DRIVER OTHER: _____

SUMMARIZE SPECIAL SKILLS/TRAINING:	DO YOU HAVE: FIRST AID CERT <input type="checkbox"/> CPR <input type="checkbox"/> LIFESAVING <input type="checkbox"/> WSI <input type="checkbox"/> ELLIS <input type="checkbox"/> (PROVIDE CERTIFICATES)	HAVE YOU EVER BEEN EMPLOYED BY A YMCA (ST. PETE OR OTHER)? <input type="checkbox"/> NO <input type="checkbox"/> YES, provide location, dates & position:
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING HERE? <input type="checkbox"/> NO <input type="checkbox"/> YES, provide name(s):	Are there any reasons why you would be unable to safely perform, with reasonable accommodation, any of the duties of the position for which you are applying? <input type="checkbox"/> NO <input type="checkbox"/> YES, please describe:	WILL YOU TRAVEL LOCALLY IF THE JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO LICENSE # : STATE: EXP. DATE:

Have you ever been convicted of, pled guilty or no contest to, had adjudication withheld or prosecution deferred to a crime which is a misdemeanor or felony as an adult or its equivalent as a juvenile? NO YES If yes, please explain (a "yes" will not necessarily eliminate you as a candidate)

EDUCATION

INDICATE HIGHEST GRADE LEVEL COMPLETED: <input type="checkbox"/> 8 or less <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> AA/AS		POST-SECONDARY EDUCATION: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PHD/OTHER
NAME OF HIGH SCHOOL:	CITY/STATE:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMUNITY COLLEGE/ VO-TECH SCHOOL:	CITY/STATE	DIPLOMA/DEGREE EARNED:
COLLEGE/UNIVERSITY	CITY/STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE EARNED:
GRADUATE SCHOOL	CITY/STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE EARNED:

EMPLOYMENT HISTORY

PLEASE START WITH MOST RECENT/CURRENT POSITION

EMPLOYER NAME:	DATES EMPLOYED: FROM: _____ TO: _____
BUSINESS ADDRESS:	POSITION(S) HELD:
CITY, STATE, ZIP:	RATE OF PAY: START: _____ FINAL: _____
EMPLOYER'S TELEPHONE:	SUPERVISOR'S NAME/TITLE
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? ____ YES ____ NO ____ NOT AT THIS TIME

EMPLOYER NAME:	DATES EMPLOYED: FROM: _____ TO: _____
BUSINESS ADDRESS:	POSITION(S) HELD:
CITY, STATE, ZIP:	RATE OF PAY: START: _____ FINAL: _____
EMPLOYER'S TELEPHONE:	SUPERVISOR'S NAME/TITLE
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? ____ YES ____ NO ____ NOT AT THIS TIME

EMPLOYER NAME:	DATES EMPLOYED: FROM: _____ TO: _____
BUSINESS ADDRESS:	POSITION(S) HELD:
CITY, STATE, ZIP:	RATE OF PAY: START: _____ FINAL: _____
EMPLOYER'S TELEPHONE:	SUPERVISOR'S NAME/TITLE
REASON FOR LEAVING:	MAY WE CONTACT THIS EMPLOYER? ____ YES ____ NO ____ NOT AT THIS TIME

PROFESSIONAL AND PERSONAL REFERENCES

Please list at least 3 references that you have known at least 3 years, 1 being a close family member

NAME:	RELATIONSHIP:	YEARS KNOWN:
TELEPHONE:	OCCUPATION	OFFICE USE ONLY: REFERENCE CK COMPLETE _____ DATE:
NAME:	RELATIONSHIP:	YEARS KNOWN:
TELEPHONE:	OCCUPATION	OFFICE USE ONLY: REFERENCE CK COMPLETE _____ DATE:
NAME:	RELATIONSHIP:	YEARS KNOWN:
TELEPHONE:	OCCUPATION	OFFICE USE ONLY: REFERENCE CK COMPLETE _____ DATE:

AUTHORIZATION AND ACKNOWLEDGEMENT

I certify that the answers given by me are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any YMCA document completed by me will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any YMCA document completed by me will result in my dismissal at any time without prior notice.

I hereby consent to and authorize an investigation of my background including my employment history, educational history, criminal history and any other matter, which may be relevant to the consideration of employment or if hired, continued employment, by the YMCA of Greater St. Petersburg. I hereby authorize any employers, educational institutions, licensing boards, and any other organizations and individuals to provide all information requested by the YMCA of Greater St. Petersburg. In exchange for the YMCA of Greater St. Petersburg's consideration of my employment, I hereby release and discharge the YMCA of Greater St. Petersburg and all organizations or individuals who supply information to the YMCA from any and all liability related to information requested or provided in connection with the YMCA's consideration of my employment. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment.

I understand that any employment offer is contingent upon me successfully passing a drug screen and upon the YMCA of Greater St. Petersburg receiving satisfactory results on all background checks conducted in connection with my application for employment. I hereby acknowledge that I have received a copy of the YMCA of Greater St. Petersburg's summarized Drug Free Workplace Policy and agree to abide by all aspects of the policy. I further acknowledge that this employer is a drug free workplace and an equal employment opportunity employer.

I acknowledge that this application will remain active for (90) days from this date. If I have not heard from this Employer at the conclusion of this (90) day period, it is my responsibility to complete a new application if I still wish to be considered for employment by this Employer.

Signature: _____ Date: _____

Equal Opportunity Employer, M/F/D/V, Drug Free Workplace

Rev. 8/10

ARE YOU UNDER AGE 18?

YES _____ NO _____

If you answered yes, and are under age 18, you must obtain your own criminal background results from Records Department of the St. Petersburg Police, 1300 1st Ave. N., St. Petersburg, FL 33705, (727) 893-7521 or 893-7555 OR the Pinellas County Sheriff's Department, 10750 Ulmerton Road, Largo, FL 33778, (727) 582-6281. Proof of identification is required.

If you answered no, and are over age 18, please complete the form on the next page and we will conduct the background check for you.



LOCAL CRIMINAL RECORDS CHECK

Each prospective employee is to complete the following. The form is then mailed by the YMCA of Greater St. Petersburg to the Pinellas County Sheriff’s Department, P.O. Box 2500, Largo, FL 34649-2500, if the prospective employee is a resident of Pinellas County. If the prospective employee resides in another county, submit the form to the Sheriff’s Department of that county. See the Procedure Manual for instructions if the employee has lived at their current address less than 6 months.

I, _____, in accordance with Chapter 85-54, amended to 87-238, Laws of Florida, hereby give the Pinellas County Sheriff’s Department permission to search its files and release the information to my prospective employer, the YMCA of Greater St. Petersburg, Human Resources. I realize this search is a routine matter for all prospective employees.

SIGNATURE OF APPLICANT:	DATE:	SOCIAL SECURITY #: Will be obtained upon completion of hire papers
LAST NAME:	FIRST NAME:	MIDDLE/MAIDEN NAME:
OTHER NAME KNOWN BY:	GENDER: ____ MALE ____ FEMALE	RACE: ____ WHITE/CAUCASIAN ____ AFRICAN AMERICAN ____ HISPANIC/LATINO ____ ASIAN ____ OTHER ____ TWO OR MORE RACES
CURRENT ADDRESS:	CITY/STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 6 MONTHS AT CURRENT ADDRESS:	CITY AND COUNTY OF RESIDENCE:	STATE/ZIP
BIRTH DATE:		

To the Sheriff’s Department: 10750 Ulmerton Road, Largo, FL 33778

PLEASE RETURN RESULTS IN THE ENCLOSED STAMPED, SELF-ADDRESSED ENVELOPE.



Drug and Alcohol Free Workplace

The YMCA has a vital interest in ensuring a safe, healthy, and efficient working environment for our employees, their co-workers, and the members we serve. The abuse of alcohol and the unlawful or improper presence or use of controlled substances in the workplace presents a danger to everyone. In addition, the YMCA has a duty to comply with the requirements of the Drug-Free Workplace Act of 1988.

Further, the decreased productivity of these individuals because of absenteeism and turnover places an increased burden on other employees that can adversely affect our ability to compete by providing competent service to our members.

In accordance with the Drug Free Workplace Act of 1988, employees must notify the Human Resources office of any criminal drug statute conviction within three (3) days of such conviction. Any violation of this policy may result in discipline, up to and including termination.

The YMCA reserves the right to take any and all appropriate and lawful actions necessary to enforce this substance abuse policy including, but not limited to, requesting an employee to submit to a drug and/or alcohol test when the Association has reasonable suspicion to believe that the employee may have or has violated the drug and/or alcohol prohibitions contained in this policy.

The Association also reserves the right to inspect YMCA property including lockers, desks, or other suspected areas of concealment, as well as an employee's personal property when the YMCA has reasonable suspicion to believe that the employee may have or has violated this substance abuse policy or any other provision in this handbook.

Pre-Employment

The YMCA will test, at its expense, job applicants for drugs. A qualification for employment is to pass the pre-employment drug test. The YMCA will not hire any job applicant who tests "positive" in a pre-employment drug test, refuses to take a pre-employment drug test, or refuses to sign the drug test consent form.