



Piedmont Family YMCA, Inc.  
442 Westfield Road Charlottesville, VA 22901  
434-974-9622 Fax 434-974-4651  
[www.piedmontymca.org](http://www.piedmontymca.org)

### 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, gender, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal 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.

Name: Please PRINT or TYPE	Social Security No.	Home Phone No.
Address: Street Number and Name, City, State	Number of years at present address?	Message/Business No.
Previous Address: Street Number and Name, City, State		Number of years at pervious address
Can you, after employment, submit verification of your legal right to work in the United States? Yes ( ) No ( )		
Are you over 18? Yes ( ) No ( ) If hired, do you have a reliable means of transportation to get to work? Yes ( ) No ( )		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? Yes ( ) No ( ) If yes, please explain: (A conviction will not necessarily disqualify you.)		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? Yes ( ) No ( )  Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need.		

### Employment Desired

Type of POSITION desired:	Date Available	Salary desired
Are you presently employed? Yes ( ) No ( ) If yes, may we contact your present employer? Yes ( ) No ( )		
Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein? Yes ( ) No ( ) If not, please describe how the YMCA could accommodate you:		
Have you ever applied at the YMCA before? Yes ( ) No ( ) If yes, when?	Have you ever been employed by the YMCA before? Yes ( ) No ( ) If yes, when?	
How were you referred to the YMCA: Advertisement ( ) Employee Referral ( ) Walk-In ( ) Agency ( ) Other ( ) (please specify below) Please identify source below _____ Name of Employee _____		

### Education and Training

School Name & Location	Years Attended From                      To	Graduate? (Yes/No)	What Degree	Major Subject/Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only):  1 High School    2 Associate    3 Bachelor    4 Master    5 Doctorate				Overall College Scholastic Average
Addition Education, Vocational and /or Professional Information such as areas of research or study, 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.				
( ) Typing _____ WPM	( ) Computer Skills i.e. MS Word, Excel, Publisher, QuickBooks, Etc	( ) Other machines requiring special skills		

### 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. ( )		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title Start	Job Title Final	Start	Base Rate of Pay Final	
Supervisor (Name & Title)				
Description of Job Duties				
<b>Company Name</b> Phone No. ( )		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title Start	Job Title Final	Start	Base Rate of Pay Final	
Supervisor (Name & Title)				
Description of Job Duties				
<b>Company Name</b> Phone No. ( )		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title Start	Job Title Final	Start	Base Rate of Pay Final	
Supervisor (Name & Title)				
Description of Job Duties				
<b>Company Name</b> Phone No. ( )		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title Start	Job Title Final	Start	Base Rate of Pay Final	
Supervisor (Name & Title)				
Description of Job Duties				

Reference Data

Professional/Work References We May Contact

Name	Address	Area Code	Phone

Pre-Employment Certification

I understand that this application is only valid for the position applied for at present and that the YMCA 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 to secure information about my experience with former employers, educational 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 I will abide by YMCA 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, at the YMCA's expense, 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/or alcohol testing upon request by the YMCA. 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 storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

\_\_\_\_\_  
Initial

If I am employed by the YMCA 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 or myself. I understand that, other than the CEO of the YMCA no manager, supervisor or representative of the YMCA 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 has the authority to make employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between the YMCA and myself.

\_\_\_\_\_  
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 understanding and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA 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. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

**Piedmont Family YMCA, Inc.**

Emergency Information Sheet

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

In case of emergency the following persons may be contacted:

1) Name \_\_\_\_\_

Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Other phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

2) Name \_\_\_\_\_

Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Other phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



Piedmont Family YMCA  
442 Westfield Road  
Charlottesville, VA 22901  
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INSTRUCTIONS TO APPLICANTS

Applicants are required to submit two letters of recommendation for any Child Care position. Letters may be included on this form or in the form of individual letters. If you use this form please use references that qualify you for a position in the field of Child Care.

RECOMMENDING PERSON AND ADDRESS:

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I hereby authorized you to complete this form for my application as an employee with the Piedmont Family YMCA. I understand that this information will be treated in a confidential manner and will not be released to me without written permission of the recommending party.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position applied for

1. In what capacity have you known the above named applicant?
2. How long have you known the applicant?
3. In what position have you observed the applicant's performance?
4. What positions do you feel the applicant is most qualified to fill?
5. Do you have any reservations about this person's character?

Please check the following as they relate to this candidate:

	Excellent	Very Good	Good	Fair	Poor
PUNCTUALITY					
ACCURACY					
RELATIONSHIP WITH OTHER EMPLOYEES					
POTENTIAL FOR GROWTH					
INITIATIVE					
ABILITY TO WORK INDEPENDENTLY					
CREATIVITY					
SENSITIVITY TO CHILDREN'S NEEDS					

ADDITIONAL COMMENTS:

\_\_\_\_\_  
Signature of recommending person

\_\_\_\_\_  
Date

Return To: Piedmont Family YMCA  
442 Westfield Road  
Charlottesville, VA 22901

## SWORN STATEMENT OR AFFIRMATION

Please Print

Last Name Number                      First                      Middle                      Maiden                      Social Security

Current Mailing Address Code                      Street, P.O. Box #, Apt #                      City                      State                      Zip

Piedmont Family YMCA                      442 Westfield Road                      Charlottesville                      VA                      22901  
Name of Licensed/Registered Code                      Street, P.O. Box #, Apt #                      City                      State                      Zip  
Approved Facility/Provider

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or equivalent offense outside of the Commonwealth?

Yes (convicted in Virginia)                       Yes (pending in Virginia)                       No

If yes or pending, specify crime(s):

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Yes (convicted outside Virginia)                       Yes (pending outside Virginia)                       No

If yes or pending, specify crimes(s):

- 
2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

Yes (In Virginia)                       No (in Virginia)

Yes (outside Virginia)                       No (outside Virginia)

If yes or pending, specify state, or other location: \_\_\_\_\_

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

\_\_\_\_\_  
Signature  
032-05-160/5(Revised: 2/40)

\_\_\_\_\_  
Date



Piedmont Family YMCA  
We build strong kids,  
strong families, strong communities.

Piedmont Family YMCA, Inc.

**Employment Application**

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Employee Name