



## APPLICATION FOR EMPLOYMENT YMCA OF METROPOLITAN LOS ANGELES

We are an equal employment opportunity employer. We consider applicants for all positions without regard to race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex, pregnancy, childbirth, breastfeeding, gender, gender identity, gender expression, age, sex, sexual orientation, military status, veteran status or any other consideration made unlawful by federal, state, or local laws.

Please read the following before you complete this application:

### Is a job with the YMCA right for you?

The YMCA of Metropolitan Los Angeles exists to strengthen the foundations of community through youth development, healthy living and social responsibility.

To be effective in promoting and teaching these organizational values, YMCA staff members must represent credible personal examples of the YMCA's core values. Regardless of the specific position, full-time or part-time, exempt or non-exempt, the YMCA is seeking individuals from diverse backgrounds who live healthy lives, conduct their personal affairs in concert with the tenets of ethical behavior and welcome all who they meet with an attitude of loving concern and acceptance.

If this describes you, please continue.

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

Branch and/or Site: \_\_\_\_\_

**Important Notice: If an employment offer is made to an applicant, it will be contingent upon the applicant passing a background check, including a review of criminal conviction history and a fingerprint screen.**

**PERSONAL INFORMATION** (Please Print Legibly)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Email Address \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

Mailing Address (if different than address above)

\_\_\_\_\_  
No. Street City State Zip

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Address \_\_\_\_\_  
No. Street City State ZipEmergency Contact \_\_\_\_\_  
Name Phone Number

How long did you live at your previous address? \_\_\_\_\_

In the last ten years, have you lived in a state outside of California?  Yes  No

If so, please list the state(s) in which you lived: \_\_\_\_\_

If you are not over the age of 18, employment may be subject to verification of your eligibility to work and a receipt of a school work permit.

Indicate the names, locations and dates of the schools you have attended, except for dates of graduation from high school:

High School	Name:	City, State:
College	Name:	City, State:
	From:	To:
	Type and Date of Degree:	
	Area of Study:	
	Honors and Activities:	
	Name:	City, State:
	From:	To:
	Type and Date of Degree:	
	Area of Study:	
	Honors and Activities:	

Other	Name:	City, State:
	From:	To:
	Type of School:	
	Area of Study:	

Position(s) you are applying for:

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Are you interested in a full-time or part-time position? \_\_\_\_\_

If you are seeking a part-time position, please specify your preferred days and hours of work: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony?  Yes  No

If yes, please provide the date(s) of the conviction(s) and any other relevant information:

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**Note:** You may exclude convictions for which the record has been judicially ordered sealed, expunged, dismissed, or statutorily eradicated and/or any reference to a record regarding a referral to, and participation in, any pre-trial or post-trial diversion program and/or any marijuana-related convictions that are more than two years old as specified in CA Labor Code Section 432.8. This information only will be used for job-related purposes consistent with applicable law.

Have you been arrested for a crime for which you are currently out on bail or on your own recognizance pending trial?  Yes  No

**Note:** A "yes" answer to either of the two questions above will not be an automatic bar to employment. Each applicant will be given an opportunity to provide full information and will be given an individualized assessment.

Have you ever been employed by the YMCA of Metropolitan Los Angeles?  Yes  No

If yes, which branch? \_\_\_\_\_

Position(s): \_\_\_\_\_

Dates of former employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been employed by any other YMCA Association?  Yes  No

If yes, which YMCA? (please list city and state) \_\_\_\_\_

Position(s): \_\_\_\_\_

Dates of former employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If you receive an offer of employment and you have a relative or a friend who also works for the YMCA, will you be working in the same department as that relative or friend or will you be reporting to that relative or friend in any capacity?  Yes  No

Are there any other experiences, skills, licenses or qualifications that may assist you in performing the position for which you are applying? If so, please list them:

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Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

If yes, please provide contact name and telephone number:

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If you are offered employment, will you be able to provide us with verification of your legal right to work in the United States?  Yes  No

**If employed, documentation verifying your legal entitlement to work in the United States will be required.**

If the position for which you are applying includes driving an Association vehicle, please attach a copy of your California Motor Vehicle Driving Record issued within the last 30 days.

California Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**REFERENCES** (Please do not use relatives)

1

Name	Relationship	Phone #
Address		

2

Name	Relationship	Phone #
Address		

3

Name	Relationship	Phone #
Address		

**EMPLOYMENT EXPERIENCE**

Please list your employment history, completely and accurately. Begin with the most recent job and include all positions and time periods within the last ten years. Please list any relevant job-related skills that you acquired during U.S. Military service and any job-related skills acquired in volunteer activities.

<b>1</b>	Employer:	Job Title & Work Performed:	
	Phone Number:		
	Address:	Dates Employed:	
		To	From
		Reason for Leaving:	
Supervisor:			
<b>2</b>	Employer:	Job Title & Work Performed:	
	Phone Number:		
	Address:	Dates Employed:	
		To	From
		Reason for Leaving:	
Supervisor:			
<b>3</b>	Employer:	Job Title & Work Performed:	
	Phone Number:		
	Address:	Dates Employed:	
		To	From
		Reason for Leaving:	
Supervisor:			

4	Employer:	Job Title & Work Performed:	
	Phone Number:		
	Address:	Dates Employed:	
		To	From
	Supervisor:	Reason for Leaving:	

**STATEMENT OF APPLICANT** (Please read carefully before signing)

1. I have been advised that, as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities and character and I fully consent to and authorize all such inquiries.
2. I understand that all employees are required to undergo a fingerprint record screening. I understand that my employment is subject to the YMCA's review and acceptance of my fingerprint record. I also understand that my driving record may be verified if I drive while performing my duties for the YMCA.
3. In the event that I am employed by the YMCA, I agree that I will comply with all policies and procedures of the YMCA, including, but not limited to, those set forth in the Employee Handbook and with other policies, rules, and regulations established from time to time by the YMCA or by a supervisor or manager. I hereby waive any right to any claim that the YMCA's investigation of my background is an invasion of my privacy since any such investigation is made with my consent and it is in my interest that I be considered for employment.
4. I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of facts will exclude my being considered for employment or, after employment, could result in termination of my employment upon discovery of such information.
5. If I am offered employment, I will, as a condition of employment, be required to submit documentation verifying my legal entitlement to work in the United States.
6. I understand that any offer of employment may be contingent upon my taking and passing a drug test. I also understand and agree that the YMCA reserves the right to require me to submit to drug and alcohol testing during my employment, to the extent permitted by law.
7. I understand that if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal.

I AGREE AND UNDERSTAND THAT IF I AM OFFERED A POSITION WITH THE YMCA, IT WILL BE OFFERED ON THE CONDITION THAT MY EMPLOYMENT WILL BE AT-WILL AND FOR NO DEFINITE PERIOD AND THAT I HAVE NO EXPRESS OR IMPLIED CONTRACTUAL RIGHTS TO CONTINUED EMPLOYMENT WITH THE ASSOCIATION. I UNDERSTAND THAT JUST AS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY OR NO REASON, THE YMCA ALSO HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY OR NO REASON, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT, EXCEPT FOR THE PRESIDENT OF THE ASSOCIATION, NO SUPERVISOR OR MANAGER MAY ALTER OR AMEND THE CONDITIONS STATED IN THIS PARAGRAPH. ONLY THE PRESIDENT OF THE ASSOCIATION HAS AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THIS PARAGRAPH AND THEN ONLY IN WRITING. EXCEPT FOR SUCH A CONTRACT SIGNED BY THE PRESIDENT OF THE ASSOCIATION, I FURTHER UNDERSTAND THAT MY STATUS AS AN "AT-WILL" EMPLOYEE, IF I AM EMPLOYED BY THE YMCA, MAY NOT BE ALTERED EITHER BY STATEMENTS, WRITINGS, OR CONDUCT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I AGREE TO THE ABOVE AND VOLUNTARILY SIGN THIS APPLICATION. I FURTHER DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

**NOTE:** The Association considers applications only for a 30-day period. If you wish to be considered after 30 days from the date you submitted this application, please reapply.

**Name of Applicant (Please Print):** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on Association premises or during working hours. Employees of the YMCA must notify the Association of any criminal drug statute conviction for a violation occurring on Association property or during working hours no later than five (5) days after such conviction. Any violation of this policy will be subject to immediate termination of employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_







**AUTHORIZATION TO OBTAIN BACKGROUND  
INFORMATION FOR EMPLOYMENT PURPOSES  
YMCA OF METROPOLITAN LOS ANGELES**

**Note:** This form is to be used after a conditional offer of employment has been made to an applicant.

**CAUTION:** Please read carefully the contents of this notice before you sign it.

I understand that in connection with the application process, the Association may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records. In order to assist the Association in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described below.

\_\_\_\_\_ **Initial**

I request, authorize and consent to the release of information to the Association regarding my previous employment and authorize all past employers or agents that they may designate, to respond to verbal or written inquiries from the Association regarding my employment record, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including information based upon materials in my personnel files.

\_\_\_\_\_ **Initial**

I request, authorize and consent to the Association's contacting the personal references identified in my application for purposes of confirming information contained in my application for employment. I specifically request, authorize and consent to the Association's verbal or written inquiries addressed to my personal references about the information contained in my application, as well as my reliability, honesty and potential tendency, if any, to engage in any form of violence or other harmful, unsafe or threatening behavior.

\_\_\_\_\_ **Initial**

**Name (Please Print):** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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





**NOTICE AND CONSENT CONCERNING CONSUMER AND  
INVESTIGATIVE CONSUMER REPORTS  
YMCA OF METROPOLITAN LOS ANGELES**

**Note:** This form is to be used after a conditional offer of employment has been made to an applicant.

This form, which you should read carefully, has been provided to you because the YMCA of Metropolitan Los Angeles (the "Association") may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment with the Association, if any, or for other employment-related purposes.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. If applying for a position where you may supervise, discipline, or care for minors, this information may include all criminal and arrest records allowed under California Penal Code § 11105.3 and you may be required to submit fingerprints in a manner required by the Association. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your coworkers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

**CONSENT STATEMENT**

I have carefully read and understand this notice and consent form and confirm that all such information is true and correct. By my signature below, I consent to the release of consumer or investigative consumer reports, as defined above, to the Association: (1) in conjunction with my application for employment and (2) during the course of my employment, if any.

I further understand that this consent will apply during the course of my employment with the Association, should I obtain such employment. I understand and agree that this consent will remain in effect indefinitely. I further understand that any and all information contained in my job application or otherwise disclosed to the Association by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Association. I understand and acknowledge that nothing in this Notice and Consent is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the Association, my employment will not be for a specified period of time and can be terminated at any time, for any reason, with or without cause or notice, by me or by the Association.

By placing a check here \_\_\_\_\_, I am requesting that I be furnished with a copy of any consumer report that is obtained or used in connection with my application for employment.

**Name (Please Print):** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_