



**Berkeley- Albany YMCA
Metropolitan Office
2070 Allston Way Suite 101
Berkeley, CA 94704
(510) 549- 4515**

EMPLOYMENT APPLICATION

General Information

Date _____

Name _____
Last First Middle

Phone # _____ E-Mail _____

Present Address _____
Street City State Zip

Permanent Address _____
(If different from present address) Street City State Zip

How did you hear of this position? _____ Referred by _____

Are you authorized to work in the United States? Yes No

Are you at least 18 years old? Yes No Are you at least 15 years old? Yes No
If you are under age 18, you may be required to provide a work permit prior to working.

Position Desired _____ Date Available _____

Branch: Albany Downtown Head Start Metropolitan (Corporate) South

Full Time (30-40 hrs per week) Part Time (0-29 hrs per week) Temporary:

If applying for temporary work, during what period of time will you be available? From: _____ To: _____

Please indicate the hours you are available to work during both days and evenings.
(facility hours vary between 5:00a.m. – 10:30p.m.):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Previous YMCA Experience

If you have worked for the YMCA before, state location, dates and position: _____

Have you ever applied to the YMCA before? If yes, where? _____

Do you have any relatives now employed by the Berkeley-Albany YMCA? Yes No

If yes, identify by name(s), relationship and position: _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. If you are completing this section by attaching a resume, the resume must include all of the information listed below.

Name of Employer _____ Telephone No (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: from _____ to _____ Weekly Pay: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact your current employer for a reference? Yes No

Name of Employer _____ Telephone No (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: from _____ to _____ Weekly Pay: _____

Your Position and Duties _____

Reason for Leaving _____

Name of Employer _____ Telephone No (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: from _____ to _____ Weekly Pay: _____

Your Position and Duties _____

Reason for Leaving _____

Name of Employer _____ Telephone No (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: from _____ to _____ Weekly Pay: _____

Your Position and Duties _____

Reason for Leaving _____

Education History

Education	Name and Location of School	Major or Area of Study	Degree
High School			
College/University			
College/University			
Other Training or Education			

Education and Training

Identify all licenses or certifications which you currently hold:

Name of license/certification _____

License/certification number _____ Issuing state/country _____

Have your licenses/certifications ever lapsed? _____

If yes, state reason for lapse, revocation or suspension _____

_____ Date of reinstatement _____

Foreign language _____ Speak Write Understand

Foreign language _____ Speak Write Understand

In addition to your work history and educational experience, what other experiences, skills or qualification do you have that would qualify you for this position.

Military Service

Have you obtained any special skills or abilities as the result of service in the military Yes No

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No (____) _____

Address & Street _____ City _____ State _____ Zip _____ - _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Telephone No (____) _____

Address & Street _____ City _____ State _____ Zip _____ - _____

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ Telephone No (____) _____

Address & Street _____ City _____ State _____ Zip _____ - _____

Occupation _____ No. of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Berkeley-Albany YMCA, I am entitled to copies of any such public records obtained by the YMCA unless I mark the "Check Box" below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Personal Information

Initials Have you ever pleaded guilty to, or been convicted of, a felony? Yes No
If yes, state nature of the crime(s), give dates, where convicted and disposition of the case.

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Initials Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

At Will Employment

initials I understand that nothing contained in the application, or conveyed during any interview, or granted during my employment, if hired, is intended to create an employment contract between me and the Berkeley-Albany YMCA. In addition, I understand and agree that if I am hired, my employment is for no definite or determinable period and regardless of the day of payment of my wages or salary, may be terminated at any time, with or without prior notice, at the option of either myself or the Berkeley-Albany YMCA. This provision may be modified only in writing, signed by a President of the Berkeley-Albany YMCA.

Date _____ Applicant's Signature _____