



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

APPLICATION FOR EMPLOYMENT

Thank you for your interest in the YMCA!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

Instructions (Please Read):

- Please read carefully, write clearly, do not write "see resume" in response to any question
- Only candidates that fully complete all sections of this application will be considered for employment, although responding to any questions marked as being *voluntary* is optional
- Not all applicants will be interviewed
- If you require any accommodation(s) during your employment interview, please request such in advance of the interview
- Resume's accepted, but does not take the place of an application
- Applications remain valid for 90 days

Contact information:

**San Luis Obispo County
YMCA
1020 Southwood Dr.
San Luis Obispo
CA 93401**

**Phone:
(805) 543-8235**

Website: Sloymca.org

Rev.12/2017

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse. Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures; we have a code of conduct and mandatory child abuse prevention training.

Position(s) applying for:

Date:

PERSONAL INFORMATION – Please Print

NAME:

Address:

Primary Phone: Cell _____ **E-mail:** _____

If hired, what date are you available to start work: _____

If hired, can you submit proof of identity and legal right to work in the United States: Yes No

Are you 18 years of age or older? Yes No
(If under, hire is subject to verification you are of minimum legal age)

If hired, do you have reliable means of transportation to and from work? Yes No

If the position you are applying for requires driving, please answer the following question.

Do you have a valid Driver's License? If yes, what state _____ Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? (Note: We comply with the ADA & consider reasonable accommodation measures that may be necessary for eligible applicants /employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests.) Yes No

If no, please describe the functions that cannot be performed: _____

Employment Information

Total hours and schedule are at discretion of management

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Can you work overtime? Yes No

Preferred Job Status Full-time Part-time Seasonal As Needed

Have you ever been employed at this or any other YCMA? Yes No
 If yes, which location(s)? _____

Why are you applying for work at the SLO County YMCA? _____

List any relatives or members of the household who have or do work with this Y:

How did you hear about this opening?

YMCA staff referral YMCA member School Walk-in Our Website Other

If staff referral please list staff name: _____

(We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale or if doing so could create conflicts of interest)

Employment History – This section must be completed even if you are attaching a resume.
 List all previous employment during the last 5 years starting with the most recent. Use additional sheets if needed.

Employer	Telephone /	Dates Employed From: ___/___ To: ___/___	Summarize the nature of the work performed and job responsibilities.
Address			
Most Recent Supervisor and Title			
Job Title/type of business			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Telephone /	<u>Dates Employed</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities.
Address			
Most Recent Supervisor and Title			
Job Title/type of business			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Telephone /	<u>Dates Employed</u> From: ____/____ To: ____/____	Summarize the nature of the work performed and job responsibilities.
Address			
Most Recent Supervisor and Title			
Job Title/type of business			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in your employment history.			

Educational Background and Training

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				COMPLETION STATUS	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL Or GED								
			1	2	3	4		
COLLEGE								
			1	2	3	4		
OTHER (Technical Vocational Business)								
			1	2	3	4		

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at the Y? If so, please explain.

Military: answering the next question is strictly voluntary/optional

Are you a veteran? Yes No

If yes, what skills acquired during military service may be of interest or value to us?

Personal References

Please list 4 references (not a relative) that have knowledge of your work performance. At least one previous or current supervisor is preferred.

Name: _____ Occupation: _____ Years Known: _____

Address: _____

Street City State Zip

Phone: ____/____-____

Was/is this person your supervisor? Yes No

Name: _____ Occupation: _____ Years Known: _____

Address: _____

Street City State Zip

Phone: ____/____-____

Was/is this person your supervisor? Yes No

Name: _____ Occupation: _____ Years Known: _____

Address: _____

Street City State Zip

Phone: ____/____-____

Was/is this person your supervisor? Yes No

Name: _____ Occupation: _____ Years Known: _____

Address: _____

Street City State Zip

Phone: ____/____-____

Was/is this person your supervisor? Yes No

Applicant's Signature

Date

Please read the statements on page 5, 6 and 7. Sign/initial and date where applicable.

PLEASE READ BEFORE SIGNING
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 _____ I hereby authorize The San Luis Obispo County YMCA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials _____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials _____ I understand that misrepresentation or omission of any facts called for herein, receipt of unsatisfactory references, background or fingerprint check, or failure to pass a prescribed medical examination if required for the position, will be sufficient cause for disqualification from employment or for my dismissal from the company's service if I have been employed.

Initials _____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials _____ Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company 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. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request performed by internal personnel employed by the Company will only be conducted and used to the extent allowed by federal, state or local law.

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

Applicant's Signature

Date

APPLICANT MEDIATION & ARBITRATION AGREEMENT

I acknowledge and understand that SLO County YMCA (the "Company") has a Dispute Resolution Program that requires all disputes to be resolved through its Mutual Mediation & Arbitration Policy ("MMAP"). This requires mandatory, binding arbitration of all disputes, for all employees, regardless of length of service. The MMAP also requires a good-faith effort to resolve disputes through mediation before going to arbitration or other dispute-resolution process.

The MMAP is incorporated by this reference into my application as though set forth here in full. By signing below, I am acknowledging that a copy of the full MMAP will be made available to me by the Company upon request. I further understand that agreement that compliance with the MMAP is a condition of my application for employment and, if employed, will be a condition of my employment.

By applying for a job with the Company, I acknowledge, understand and agree that it is my obligation to comply with the MMAP and to submit to mediation, and if necessary, final and binding arbitration, any and all claims and disputes, whether they exist now or arise in the future, that in any way relate to or arise out of my application for employment, and if employed, my employment or the termination of my employment with the Company, except as otherwise permitted by the MMAP. I also agree that I must first try in good faith to settle any Covered Dispute by mediation before resorting to arbitration or any other dispute resolution procedure.

I understand that, if mediation does not resolve a dispute, then final and binding arbitration will be the sole and exclusive remedy for any such claim or dispute against the Company or any affiliated companies or entities, and all of their owners, employees, officers, directors, agents, successors and assigns. I further understand that, by agreeing to use arbitration to resolve any and all disputes, both the Company and I agree to forego any right we each may have had to a jury trial on issues covered by the MMAP, and forego any right to bring claims on a class or collective basis.

To the extent I wish to assert claims on behalf of a government entity or other party (meaning I am not directly a party) and such representative action involves issues that in any way arise out of or relate to my application for employment and, if hired, my employment, I agree to submit such claims to mediation and, if necessary, arbitration, under the MMAP. This would include, but not be limited to claims brought pursuant to the California's Private Attorney General Act ("PAGA") Labor Code §2698, *et seq.*, or any similar state or federal law, unless resolving such claims through mediation and/or arbitration is specifically prohibited by law. If resolving such claims through mediation and/or arbitration is deemed to be so prohibited, such claims shall be stayed pending the completion of arbitration of any and all other claims being asserted by me or the Company.

I agree that unless the Company and I otherwise agree on a mediator, the mediator will be selected with the assistance of the American Arbitration Association ("AAA"). I also agree that any arbitration will be conducted before an arbitrator chosen by me and the Company in accordance with the AAA's procedures, and will be conducted under the Federal Arbitration Act and the currently applicable procedural rules of the AAA. I acknowledge that the current AAA rules are available for my review at www.adr.org and upon request to the Company.

I acknowledge that in exchange for my agreement to mediate and arbitrate, the Company also agrees to submit all claims and disputes it may have with me to mediation and, if unresolved, to final and binding arbitration. The Company agrees to pay the cost of the mediator for any mediation under the MMAP. The Company further agrees that if I submit a request for binding arbitration, my maximum out-of-pocket expenses for the arbitrator and AAA administrative costs will be an amount equal to the local civil court filing fee and the Company will pay all of the remaining fees and administrative costs of the arbitrator and the AAA. I understand that I will be responsible; however, for my own attorney's fees and the same sort of costs for which I would have been responsible had I gone to court instead of resolving any disputes under the MMAP.

If any provision of the MMAP is found unenforceable, that provision may be severed without affecting this agreement to mediate and arbitrate. I further acknowledge that this mutual obligation to mediate and arbitrate may not be modified or rescinded except by the mutual consent of both me and the Company.

Name of Applicant (printed)

Applicant Signature

Date

EEO- Self-Identification Form

Providing this information is strictly voluntary on your part, and is not required to complete your Application of Employment. Providing the information or not providing the information will not in any way affect your application.

Federal government regulations require organizations like ours to maintain records of job applicants by gender and race. Additionally, we collect this information to ensure that we are monitoring our success in encouraging diverse applicants.

Please assist us by providing the requested information. Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment.

Female _____ Male _____

1. _____ African-American/Black (not of Hispanic origin)
2. _____ Asian or Pacific Islander (includes Indian Subcontinent)
3. _____ American Indian or Alaskan Native
4. _____ Hispanic/Latino (Spanish culture or origin, regardless of race)
5. _____ White (persons not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East)
6. Race not included above

Please specify _____

Are you multi-racial or multi-ethnic (parents from two or more of the above listed groups)?

Yes _____ No _____

If yes, please specify _____

Thank you for your assistance.

THIS PAGE IS TO BE SEPARATED FROM THE ATTACHED APPLICATION FOR EMPLOYMENT AND DIRECTED TO THE HUMAN RESOURCES MANAGER.