



Blair Family YMCA
 1278 Wilbur Street
 Blair, NE 68008
 402-533-9622

Blair Family YMCA adheres to the equal employment opportunity guidelines set forth by federal, state and local laws. The information requested on this form is sought in good faith and will not be used to discriminate against the applicant on the basis of race, color, religion, national or ethnic origin, sex, age, marital status, mental or physical disability not related to job requirements.
An Equal Opportunity Employer.

GENERAL INFORMATION

Name	Last	First	Middle
Address			
	City	State	Zip
Telephone #	Home	Cell	Work

Position Applied For:
Date Available for Work:
What prompted you to apply for this position?
Are you a U.S. Citizen or authorized to work in the U.S? If No, what is your Visa status?
Have you ever been convicted of a crime involving dishonesty, breach of trust or theft? If Yes, please explain:
<i>NOTE: A conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for</i>
Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? If Yes, please describe such condition:

EMPLOYMENT RECORD

List below the positions you have held starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties" describe clearly the tasks you performed and the nature of your supervisory, technical or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer or unpaid experience will be evaluated the same as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper.

EMPLOYMENT INFORMATION	DESCRIPTION OF DUTIES
Employer/Kind of Business:	Position Title:
Phone:	Number Supervised:
Street Address:	Specific Duties:
City, State, Zip:	
Immediate Supervisor/Title	
Date of Employment From: (Month and Year) To:	
Salary Start: End:	
Total Employed: Years: Months:	Reason for Change:
Part Time _____ Hours worked per Week: Full Time _____	

Employment Application

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Part -Time ____ Full -Time ____	Hours worked per Week:	Reason for Change:

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EDUCATION RECORD		
Name & Location of High School and Colleges or Universities Attended	Course of Study	Degree, Diploma or Certificate And the Year Received

SPECIAL SKILLS, ACCOMPLISHMENTS & AWARDS	
List other professional certifications or special training completed. <i>Lifeguard applicants – attach a copy of certifications (front & back)</i>	List any honors, awards, or fellowships you have received. For each, give the year it was received.

I understand that any false information or willful omission of employment record in this application will be sufficient reason for rejection of my application or termination of my employment if hired. I herewith authorize and request each and every former employer, person, form, corporation, and educational institute to answer any and all questions that may be asked and herewith holds each persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and type of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application. All information will be kept confidential. I understand that if I am hired, the employment shall be at the will of either party and may be terminated by either party at any time. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Applicant Signature: _____ Date: _____