



# YMCA of San Francisco

## Employment Application

### I PERSONAL

Date \_\_\_\_\_

Name	Last	First	Middle	Position Applied For
Present Address	Street	City	State	Zip Code
Home Phone	Other Message Phone	E-mail		
How did you find out about this position? <input type="checkbox"/> Friend <input type="checkbox"/> Web <input type="checkbox"/> Classified Ad <input type="checkbox"/> YMCA listing <input type="checkbox"/> Other _____				
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please attach work permit.				
If hired, will you be able to provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever worked for the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes _____				
When	Location	When	Location	
List any relatives working for the YMCA _____				
	Relative Name		Relationship	
Have you been convicted of a crime? (Exclude any marijuana offenses that are over two years old and minor traffic violations for which the fine was \$50.00 or less before April 4, 1994 or \$100.00 or less after April 5, 1994.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, state circumstances, place(s), date(s). The existence of a criminal record will not constitute an automatic bar to employment:				
Are you a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PLEASE COMPLETE ALL SECTIONS - EVEN IF YOU ARE FURNISHING A RESUME.

### II RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

NAME (Last, First, Middle)

We are an equal opportunity employer and applicants will be selected for employment solely on the basis of their qualifications for a given position and without regard to race, color, ancestry, religious creed, national origin, gender, sexual orientation, marital status, domestic partnership status, veteran status, age (over 40). Physical or mental disability, medical condition (including genetic characteristics), or any other consideration made unlawful by federal, state or local laws.

### III SKILLS, LICENSES AND CERTIFICATES

Please list job-related skills, licenses and certificates that you have, such as driver license, CPR, Lifesaving Certificate, First Aid, CPA, etc.

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### IV EMPLOYMENT HISTORY

List below all past and present employment, beginning with most recent.

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor	Phone No.		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor	Phone No.		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor	Phone No.		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor	Phone No.		
Reason for Leaving			

If above listing does not include all of your jobs over the past ten years, describe additional jobs on page 3. If you have been out of work for three months or more at any time since graduation (HS or College), please explain.

Have you been discharged from any job position?  YES  NO

**V PROFESSIONAL AND VOLUNTEER ACTIVITIES**

List professional, trade, business or civic activities and offices and positions held.

**VI REFERENCES** Please list at least three (3) professional and one (1) personal or relative reference.

Name	Relationship	Address	E-mail	Phone Number

**VII SUPPLEMENTAL INFORMATION**

Use this space to supplement any information you have given in response to other questions on this form and/or to describe any additional skills, knowledge or experience concerning your qualifications for the position for which you are applying.

**VIII FOR JOBS REQUIRING DRIVING ONLY**

1. Do you have a valid driver license in this state?  Yes  No License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_
2. Do you have a valid Class II/B license in this state?  Yes  No
3. Do you possess a youth bus or school bus driver certificate?  Yes  No
4. Are you over 21?  Yes  No
5. Are you currently in a drug or alcohol testing program?  Yes  No

In compliance with U.S. Department of Transportation FHWA, the YMCA will conduct pre-employment drug testing and random drug and alcohol testing of Bus Drivers.

**IX CONSUMER REPORT**

- By checking this box, I request a copy of any "consumer (credit-related) report" obtained by the YMCA of San Francisco from any consumer reporting agency, at no extra charge, and understand that a copy of the report will be provided to me by the agency at the same time the report is provided to the YMCA of San Francisco.

**AGREEMENT**

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I am not a pedophile or child molester and have never been convicted of either. I understand that any misleading, misrepresentation and/or omission of information will cause this application to be rejected and will be cause for termination of employment. I further understand that final employment is based on completion of all employment requirements and procedures, including interview(s), reference checks, verifications, physical examination and fingerprinting.

I authorize all organizations and persons named above to give information about me and I hereby release them from all liability. I have carefully read and understand this application, by my signature below, consent to the release of consumer or investigative consumer reports, to the YMCA of San Francisco (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclose to the YMCA of San Francisco by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA of San Francisco .

If employed, I agree to observe all rules, regulations, policies and procedures as they relate to the YMCA of San Francisco employees at all times. I further understand that, although I may be employed for a particular position and shift, it may be necessary to accept different assignments, work schedules or working hours. Employment is at-will and may be terminated at anytime by either party.

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

Date \_\_\_\_\_

# YMCA of SAN FRANCISCO

**Bayview Hunter's Point YMCA**

1601 Lane Street  
San Francisco, CA 94124  
(415) 822-7728  
(415) 822-7769 fax

**Buchanan YMCA**

1530 Buchanan Street  
San Francisco, CA 94115  
(415) 931-9622  
(415) 931-1746 fax

**Chinatown YMCA**

855 Sacramento Street  
San Francisco, CA 94108  
(415) 576-9622  
(415) 982-0117 fax

**Embarcadero YMCA**

169 Steuart Street  
San Francisco, CA 94105  
(415) 957-9622  
(415) 957-1260 fax

**Marin YMCA**

1500 Los Gamos Drive  
San Rafael, CA 94903  
(415) 492-9622  
(415) 492-9703 fax

**Mission YMCA**

4080 Mission Street  
San Francisco, CA 94112  
(415) 586-6900  
(415) 586-7480 fax

**North Bay YMCA**

586 E. Wigeon Way  
Suisun City, CA 94585  
(707) 421-8746  
(707) 421-9635 fax

**Novato YMCA**

3 Hamilton Landing, Ste. 140  
Novato, CA 94949  
(415) 883-9622  
(415) 382-6945 fax

**Peninsula Family YMCA**

1877 South Grant Street  
San Mateo, CA 94402  
(650) 286-9622  
(650) 286-0128 fax

**Presidio Community YMCA**

P.O. Box 29911  
San Francisco, CA 94129  
Main Post Gym, Bldg. 63  
Letterman Pool, Bldg. 1151  
(415) 447-9622  
(415) 447-9633 fax

**Richmond District YMCA**

360 - 18th Avenue  
San Francisco, CA 94121  
(415) 666-9622  
(415) 668-3370 fax

**Shih Yu-Lang Central YMCA**

220 Golden Gate Avenue  
San Francisco, CA 94102  
(415) 885-0460  
(415) 885-5439 fax

**Stonestown Family YMCA**

333 Eucalyptus Drive  
San Francisco, CA 94132  
(415) 242-7100  
(415) 759-9630 fax

**Urban Services YMCA**

1530 Buchanan Street  
San Francisco, CA 94115  
(415) 674-0888  
(415) 674-0884 fax

**YMCA Camp Jones Gulch**

11000 Pescadero Road  
La Honda, CA 94020  
(650) 747-1200  
(650) 747-0986 fax

**YMCA Point Bonita Outdoor  
and Conference Center**

Building 981, Fort Barry GGNRA  
Sausalito, CA 94965  
(415) 331-9622  
(415) 331-2567 fax



YMCA

We build strong kids,  
strong families, strong communities

[www.ymcasf.org](http://www.ymcasf.org)  
[www.ymccareers.org](http://www.ymccareers.org)

**YMCA of San Francisco  
Association Office**

631 Howard St., Ste. 500  
San Francisco, CA 94105  
(415) 777-9622  
(415) 777-6915 fax  
(415) 777-3958 HR fax

**JOB LINE: (415) 281-6791**