



YMCA of San Francisco

Employment Application

I PERSONAL

Date _____

Name <small>Last</small>	First	Middle	Position Applied For	
Present Address <small>Street</small>		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 _____				
<small>When</small>	<small>Location</small>	<small>When</small>	<small>Location</small>	
List any relatives working for the YMCA _____				
		<small>Relative Name</small>	<small>Relationship</small>	
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.

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) 782-2260 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

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. 1152
(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

220 Golden Gate Avenue
Third Floor
San Francisco, CA 94102
(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**

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

**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



YMCA

We build strong kids,
strong families, strong communities

www.ymcasf.org
www.ymccareers.org