

YMCA OF HONOLULU  
An Equal Opportunity Employer  
**EMPLOYMENT APPLICATION**

(Please Type or Print)

Position(s) applying for: \_\_\_\_\_

**PERSONAL INFORMATION:**

1. Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle initial

2. \_\_\_\_\_  
Street City State Zip Code

3. Home Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number ( ) \_\_\_\_\_

4. For purposes of reference checks, if you were ever known by another name(s), please state such name(s):  
\_\_\_\_\_

5. Why are you interested in working for the YMCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. On what date would you be available for work? \_\_\_\_\_

7. I understand that if hired, I will be required to produce documents establishing my identity and authorization to work in the United States within 3 days.

8. If you are 16 or 17 years old, provide your Certificate of Age number: \_\_\_\_\_

9. State any additional information you feel maybe helpful to us in considering your application. You may wish to list professional, civic or community activities, offices held, volunteer experiences, extra curricular activities in school, etc. Exclude those which indicate race, color, religion, disability, sex, ancestry or national origin.  
**Attach additional sheet if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include military assignments.

1. Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
street City State Zip Code Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Current or Final hourly/monthly pay: \$ \_\_\_\_\_  
Month Yr. Month Yr.

Your Title & Principal Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
street City State Zip Code Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Current or Final hourly/monthly pay: \$ \_\_\_\_\_  
Month Yr. Month Yr.

Your Title & Principal Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip Code Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Current or Final hourly/monthly pay: \$ \_\_\_\_\_  
Month Yr. Month Yr.

Your Title & Principal Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
street City State Zip Code Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ Current or Final hourly/monthly pay: \$ \_\_\_\_\_  
Month Yr. Month Yr.

Your Title & Principal Duties: \_\_\_\_\_

Reason for leaving- \_\_\_\_\_

5. A. Were you ever terminated, suspended or asked to resign from employment? ( ) Yes ( ) No

If "Yes", please specify what employer, when, and provide details. A "Yes" response does not automatically disqualify you from consideration for the position.

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B. Were you separated from military services under conditions other than honorable? ( ) Yes ( ) No

If "Yes", please provide details. A "Yes" response -does not automatically disqualify you from consideration-for- the position.

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**EDUCATION:** (List all such schools attended)

	Elementary	High School	college, University Business School	Graduate, Professional School
Name of School				
Circle Last Year Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Received				
Course of Study or Major				

Describe Honors Received: \_\_\_\_\_  
 \_\_\_\_\_

Describe Specialized Training, Apprenticeship & Language Skills: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

List 3 persons not related to you who have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of Supervisors listed under Employment.

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

APPLICANT'S STATEMENT:

**"IMPORTANT - READ CAREFULLY"**

I certify that the answers given in this application and any supplements thereto are true and complete to the best of my knowledge. I understand that false or misleading information, misstatements or omissions in my application or interview (s), or on any other employment form will be sufficient reason not to hire me and if discovered at any time after **my** employment, will be sufficient reason for discharge. I further understand that if I am hired, I will be required to provide proof of my eligibility for employment in the United States as a condition of employment.

I also understand that if I am hired, I will be required to abide by all policies and requirements imposed by the YMCA. I further recognize that because of the nature of the YMCA and its focus on youth, I am expected to be an appropriate role model, both on and off the job.

Finally, I have been informed and understand that no oral or written contract of employment is intended or created by this application for employment or from any statements made in conjunction with my interview and/or hire; that if I am employed, my employment with the YMCA shall be "at-will"; and that either the YMCA, or I may terminate our employment relationship at any time, with or without prior notice, and without liability.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Type or Print Name

# YMCA OF HONOLULU

## **AUTHORITY FOR RELEASE OF INFORMATION AND RECORD:**

I hereby consent to an investigation by the YMCA of Honolulu into my personal history to determine my suitability for employment at the YMCA. I, therefore, consent to the disclosure of any and all information contained in my private, public, or governmental files which the YMCA deems relevant to this application or relating to my past or present employment history.

In this connection, I hereby release the YMCA and those associated with or acting on its behalf, and all employers, educational institutions, governmental agencies, individuals and/or any other provider of information from any and all claims and/or liability in connection with said investigation and/or the provision of such information to the YMCA.

A copy of this signed authorization form may be furnished to the provider of information.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Type or Print Name

\_\_\_\_\_  
If Applicant is under Eighteen (18) years of age, signature of Parent or Guardian is required.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Type or Print Name