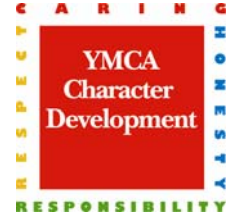




Asheville YMCA: 30 Woodfin Street, Asheville, NC 28801 * (828) 210-9622
 Asheville YMCA Youth Services Center: 201 Beaverdam Road, Asheville, NC 28804 * (828) 253-4706
 Child Care Services: 53 Asheland Avenue, Suite 102-A, Asheville, NC 28801 * (828) 210-2273
 Corpening Memorial YMCA: 348 Grace Corpening Drive, Marion, NC 28752 * (828) 659-9622
 Corporate Office: 53 Asheland Avenue, Suite 105, Asheville, NC 28801 * (828) 251-5909
 Reuter Family YMCA: 3 Town Square Boulevard, Asheville, NC 28803 * (828) 651-9622



EMPLOYMENT APPLICATION

INSTRUCTIONS: *Please print*, except for the signature on the last page of the application. Each question should be fully and accurately answered. No action can be taken on this application until all information is completed. Any questions regarding the application should be directed to the director of the department to which you are applying. Please attach a resume, if available. All information you give on this application will be held in strict confidence.

GENERAL INFORMATION:

Today's Date: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Daytime Phone Number: _____

E-mail Address: _____

Are you 18 years of age or older? _____ If not, provide date of birth: _____

Are you eligible to work in the United States? _____

For which job are you applying? _____ Branch: _____

Are you seeking: Full-time: _____ Part-time: _____ Temporary/Seasonal: _____

Please specify days/hours if Part-time or Temporary/Seasonal: _____

On what date will you be available for work? _____

How did you hear about this opening? _____

Have you ever worked for the YMCA of WNC? _____ If yes, when? _____

List any relatives or friends working for us: _____

Have you ever been charged with, convicted of, or plead guilty to any law violation (except a minor traffic violation)? _____ (Note: a "Yes" response does not necessarily disqualify you from consideration)

If yes, please explain: _____

If the job for which you are applying includes driving an Association vehicle, please complete the following:

Driver's License Number: _____ State: _____ Expiration Date: _____

EDUCATION:

1. Name of High School: _____ State: _____
Highest Grade Completed: _____ Did you graduate? _____

2. Name of College or University: _____ State: _____
Degree: _____ Did you graduate? _____

3. Name of College or University: _____ State: _____
Degree: _____ Did you graduate? _____

4. Additional Educational and/or Vocational or Technical Training Information: _____

WORK EXPERIENCE: Please list employers in consecutive order beginning with your present or last employer. Please give month and year of employment.

1. Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Supervisor: _____
Job Title(s): _____, _____
Describe work performed: _____
Dates employed: From: _____ To: _____
Reason for leaving: _____

2. Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Supervisor: _____
Job Title(s): _____, _____
Describe work performed: _____
Dates employed: From: _____ To: _____
Reason for leaving: _____

3. Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Supervisor: _____
Job Title(s): _____, _____
Describe work performed: _____
Dates employed: From: _____ To: _____
Reason for leaving: _____

4. Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Supervisor: _____
Job Title(s): _____, _____
Describe work performed: _____
Dates employed: From: _____ To: _____
Reason for leaving: _____

PERSONAL REFERENCES: Three are required, with one being a family member.

1. Name: _____ Telephone: _____
Street Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____

2. Name: _____ Telephone: _____
Street Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____

3. Name: _____ Telephone: _____
Street Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____

Your employment is contingent upon a drug/alcohol test. The following is an authorization for your consent to this test.

I understand that it is the intent of the YMCA of Western North Carolina to operate in an environment free of drugs and alcohol. I further understand that the YMCA of Western North Carolina believes that the use of drugs or alcohol, or being under their influence, jeopardizes the welfare and safety of YMCA of Western North Carolina employees, members, visitors and children, and decreases productivity and efficiency. Therefore, I consent to allow the YMCA to collect urine specimens from me for testing for alcohol, drugs, and controlled substances. I also give my consent for the release of the test results to appropriate management employees. I further consent to allow the YMCA of Western North Carolina to conduct drug and/or alcohol tests of me during my employment with the YMCA of Western North Carolina. I understand that by declining to sign this consent and declining to take the tests, my application for employment may be rejected or my employment with the YMCA of Western North Carolina may be terminated.

Signature of Applicant _____ Date _____

STATEMENT OF APPLICANT: (Please read before signing)

In the YMCA of Western North Carolina's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA of Western North Carolina, an extensive inquiry will be made concerning my prior employment, activities, and character, and I fully consent to and authorize all such inquiries. Additionally, I authorize the YMCA of Western North Carolina to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning me, my background, experience and prior employment. Inquiries or requests may be made by you, or your representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment, would be cause for termination of employment with the YMCA of Western North Carolina.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the YMCA of Western North Carolina the right to terminate my employment at any time with or without notice, with or without cause, without liability or obligation, except for my regular pay through date of termination. I further understand that my status as an "at will" employee, if I am employed by the YMCA of Western North Carolina, may not be altered either by statements, by writings, or conduct.

I hereby acknowledge that I have read and understood the above statements and that I agree to the above and voluntarily sign this application. I further declare, under penalty of perjury, that the information I have provided in this application is true and correct.

Signature of Applicant _____ Date _____

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PLACE TO work**