

EMPLOYMENT

List all positions you have held, beginning with your most recent. Include self-employment and volunteer work. Attach an additional sheet, if necessary.

Current, or last employer _____ Employed from _____ to _____
 Street address _____ Hourly rate (at start) _____ to _____
 City _____ State _____ Zip _____ Phone _____
 Name and title of supervisor _____ Your title _____
 List major duties performed in this position: _____

Name while employed _____
 Reason(s) for terminating, or considering a job change _____
 What did you like most about this job? _____
 What did you like least about this job? _____
 May we contact this employer while we are considering your application? _____ Yes _____ No

Previous employer _____ Employed from _____ to _____
 Street address _____ Hourly rate (at start) _____ to _____
 City _____ State _____ Zip _____ Phone _____
 Name and title of supervisor _____ Your title _____
 List major duties performed in this position: _____

Name while employed _____
 Reason(s) for terminating, or considering a job change _____
 What did you like most about this job? _____
 What did you like least about this job? _____
 May we contact this employer while we are considering your application? _____ Yes _____ No

Previous employer _____ Employed from _____ to _____
 Street address _____ Hourly Rate (at start) _____ to _____
 City _____ State _____ Zip _____ Phone _____
 Name and title of supervisor _____ Your title _____
 List major duties performed in this position: _____

Name while employed _____
 Reason(s) for terminating, or considering a job change _____
 What did you like most about this job? _____
 What did you like least about this job? _____
 May we contact this employer while we are considering your application? _____ Yes _____ No

EDUCATION AND TRAINING

School Name And Location	Years Attended	Graduate Yes / No?	Course or Major
High School			
Technical or Vocational			
College/University			
Other			

SKILLS AND QUALIFICATIONS

Summarize any special skills or trainings that you may have acquired.

**PROFESSIONAL
REFERENCES**

These should be persons not related to you and best qualified to give an objective appraisal of your skills in the position that you seek. Please include supervisors with whom you have worked.

Name of Reference	Business / Position	Years Known & Relationship	Phone Number
1.			
2.			
3.			
4.			

**PERSONAL
REFERENCES**

These should be persons not related to you and best qualified to give an objective appraisal of your skills in the position that you seek.

Name of Reference	Business / Position	Years Known & Relationship	Phone Number
1.			
2.			
3.			
4.			

FAIR CREDIT REPORTING ACT NOTIFICATION AND AUTHORIZATION FOR USE OF CONSUMER REPORTS

As part of the Union County Family YMCA's procedures for processing employment applications and for other employment purposes, including promotions transfer, or retention during the term of my employment, I understand that a consumer report and/or an investigative consumer report may be obtained by the Union County Family YMCA. Such reports may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as others with whom I am acquainted. I understand that I have the right to request information from the Union County Family YMCA regarding the nature and scope of such an investigation. I hereby authorize the Union County Family YMCA to request consumer reports or investigative consumer reports to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that an employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the Union County Family YMCA, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the Union County Family YMCA's use or reliance upon the information contained in a consumer report.

Signature of Applicant

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are employed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise the national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

CRA Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports a CRA– that you dispute an item, they may not then report the information without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information that may result from utilization of such information. I also understand and agree that no representative of the company has my authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered. I understand that my employment is conditional upon my satisfactory passing any background checks, reference checks, and other documents required by law are complete, and until information given by has been verified.

In the event of my employment, I will comply with all the rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees.

I agree that any claim or lawsuit relating to my service with the Union County Family YMCA must be filed no more that six (6) months after the date of the employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant

Date

I hereby give my permission for the Union County Family YMCA, Marysville, Ohio to conduct an investigation of my background. I give my permission for any person, business or institution to release any and all information properly requested. I do hereby release such person, business or institution for all liabilities for providing information.

Signature

Social Security #

Date

SUPPLEMENT TO APPLICATION

Please complete to give us more information about yourself.

Name _____ Date _____
 Last First Middle

Why do you want to work at the Union County Family YMCA? _____

How would you describe yourself? _____

What other business or personal experiences or training have you had that may have prepared you for this position?

Describe non-employment activities you have engaged in that might strengthen your application. _____

List any sports or hobbies in which you have participated (past and/or present): _____

