



# Application for Employment

**MAT-SU YMCA**  
**P.O. Box 875736, Wasilla, AK 99687**  
**1001 S Clapp St. #149 Wasilla, AK 99654**  
**Tel: 907-373-9622**  
**matsu@ymcaalaska.org**

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Anchorage Community YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment

## EMPLOYMENT DESIRED

<b>Position Applying for</b>		<u>Today's Date</u>
Are you previous employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Available
		Salary Desired
Have you ever applied at the YMCA before? <input type="checkbox"/> YES When? _____ <input type="checkbox"/> NO	Have you ever worked for the YMCA before? <input type="checkbox"/> YES When _____ Where _____ <input type="checkbox"/> NO	
How were you referred to the YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral (Employee Name) _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other		

## PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No.
Previous Address: Street Number and Name, City, State, Zip Code	Number of years at previous address	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have reliable transportation to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES Please explain _____ _____		
<input type="checkbox"/> NO		
<i>A conviction will not necessarily disqualify you</i>		
What is your present health condition? Excellent Good Fair Poor		

**EDUCATION AND TRAINING**

School Name & Location	Years Attended		Graduate? (Yes/No)	What Degree	Major/Subject
	From	To			
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned (Circle only one) High School    Associate    Bachelor    Master    Doctorate				Overall College Average	
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
<b>OFFICE SKILLS</b>					
[ ] Typing/Keyboarding      _____ WPM					
[ ] Computer Skills      _____					
[ ] Other Machines ( requiring special skills) _____					

**U.S. MILITARY SERVICE DATA**

Branch
List Special Training or Skills

**REFERENCE DATA:** *Please include one family reference and 3 additional references*

Name (Family Reference)	Address	Phone Number (    )
Name	Address	Phone Number (    )
Name	Address	Phone Number (    )
Name	Address	Phone Number (    )

**EMPLOYMENT DATA:** *Please list in order of MOST recent employment first*

			PERSONNEL USE ONLY
Company Name	Phone Number	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip)			
Job Title (Start)	Job Title (Final)	Base rate of Pay Start Final	
Supervisor (Name & Title)		May we Contact [ ] YES [ ] NO	
Description of Job Duties			
			PERSONNEL USE ONLY
Company Name	Phone Number	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip)			
Job Title (Start)	Job Title (Final)	Base rate of Pay Start Final	
Supervisor (Name & Title)		May we Contact [ ] YES [ ] NO	
Description of Job Duties			
			PERSONNEL USE ONLY
Company Name	Phone Number	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip)			
Job Title (Start)	Job Title (Final)	Base rate of Pay Start Final	
Supervisor (Name & Title)		May we Contact [ ] YES [ ] NO	
Description of Job Duties			
			PERSONNEL USE ONLY
Company Name	Phone Number	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip)			
Job Title (Start)	Job Title (Final)	Base rate of Pay Start Final	
Supervisor (Name & Title)		May we Contact [ ] YES [ ] NO	
Description of Job Duties			

Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation

YES

NO Please describe which tasks you will need accommodation to perform and what type of accommodation you will need

\_\_\_\_\_

If applying for bus driver position are you 21 years or older?  YES  NO

Have you ever been licensed to care for adults or children by the State of Alaska or by any other state

YES When \_\_\_\_\_ What Location \_\_\_\_\_

NO

Have you ever been denied a license or registration to care for adults or children? OR has such a license been revoked?

YES When, Where, and for what type of application was denied or license revoked \_\_\_\_\_

NO

During the past 10 years have you had any handicapping conditions, chronic conditions, or serious physical, mental, or emotional illnesses?

YES Please describe \_\_\_\_\_

NO

#### **Child Abuse/Neglect\***

Have you ever had a child for whom you were legally responsible, removed from your home by the State of Alaska or a child welfare agency in another State, after a protection services investigation of possibly abuse and/or neglect of the child?

YES Child's Name \_\_\_\_\_ Where and When \_\_\_\_\_

NO

Has a child for whom you were legally responsible ever received ongoing protective services in your home from the State of Alaska or a child welfare agency in another state after a protective services investigation of possible abuse and/or neglect of the child?

YES Child's Name \_\_\_\_\_ Where and When \_\_\_\_\_

NO

#### **Criminal Charge or Convictions**

Have you been convicted or charged with in the past ten years of a crime of violence or moral turpitude?

YES Please Describe \_\_\_\_\_

NO

Are you currently charged with (indictment or official criminal complaint accepted by a district attorney) a felony or misdemeanor?

YES Please give details, including type of charges \_\_\_\_\_

NO

#### **PRE-EMPLOYMENT CERTIFICATION (please initial)**

\_\_\_\_\_ I understand that this application is only valid for the position applied for at present and that the MAT-SU YMCA is not obligated to retain or consider this application for future openings.

\_\_\_\_\_ If employed by the MAT-SU YMCA I will abide by the YMCA's policies. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of work.

\_\_\_\_\_ If I am offered employment, I understand and agree that I may be required to undergo a physical examination at my expense, and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examination.

\_\_\_\_\_ I agree to submit to legally permissible drug/alcohol testing upon request by the Anchorage Community YMCA. I recognize that the results of these test may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Anchorage Community YMCA, storage areas provided for me are open to investigation by Anchorage Community YMCA without prior notice to me.

\_\_\_\_\_ If the Anchorage Community YMCA employs me, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Anchorage Community YMCA or myself. I further agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties intent concerning the nature of any employment relationship between the Anchorage Community YMCA and my self.

I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize the Anchorage Community YMCA to contact the persons listed as references and understand that they may contact others and, at any time, seek verification of any and all information contained herein. I understand that any willful misrepresentation is cause for immediate denial of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**ANCHORAGE COMMUNITY YMCA  
CONSENT FOR CRIMINAL BACKGROUND CHECK**

I, \_\_\_\_\_, understand that the Anchorage community YMCA does not knowingly employ any person who has been convicted of a crime involving moral turpitude or involving violence or bodily harm to others. I have applied for employment and/or am currently employed by the Anchorage Community YMCA and hereby freely and voluntarily give my consent to the Anchorage Community YMCA to examine my local, state and federal criminal record, if any, for the purpose of determining my eligibility of such employment. My consent in this matter does not authorize the Anchorage Community YMCA to disclose the nature of my criminal record, if any, to any person for any purpose other than those who would be my direct supervisors if I were to be employed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position applying for \_\_\_\_\_

How long have you lived in Alaska? \_\_\_\_\_

If less than 2 years, which state did you live in before? \_\_\_\_\_

How long? \_\_\_\_\_ Date of birth \_\_\_\_\_

Records checked by \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_