Internal Application Form

We're for youth development, healthy living and social responsibility



Th	ank '	vou for v	our contribution t	o the YMCA	of the Foothills and	your interest in growing with u	s!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply for a new or additional role(s) at the YMCA of the Foothills, please complete the application below, obtain approval from your supervisor(s), and submit the application to Human Resources. • Be sure to write legibly.

- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.

Internal Applications will be accepted if the applicant meets the following conditions:

- Employee has successfully completed their introductory period
- Employee has not had any disciplinary warnings in the previous 6 months
- Employee is not on a current Performance Improvement Plan

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 Current manager or supervisor approves the application (see last page)

Personal Information	on						
Position Applying For:		Date:					
Current Position	D	lesired Salary:	Hire Date:				
NAME:			E-mail:				
Last	First	MI					
Telephone:		Mobile:					
As a means of accommodation to	Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? As a means of accommodation to persons with disabilities that prevent them from completing this application, confidential assistance may be obtained by contacting the Director of Human Resources at extension 228.						
Emergency Contact							
NAME:Last	First	MI	E-mail:				
	1.154						
Telephone:		Mobile:		_			
Relationship to Employee:							

PLEASE READ CAREFULLY

As indica	tion that you have read and understood each applicable section, PLEASE INITIAL in the spaces provided below					
INITIAL	For all part-time employees who are requesting work in additional departments/roles					
HERE	l understand that if I am offered this position, I am not to exceed 8 hours in a work day and 35 hours in a work week unless it is specifically					
	authorized by the appropriate supervisor/manager. I understand it is my responsibility to notify my supervisor(s) if my schedule conflicts with					
	what is stated above and if my proper break periods have not been taken. In addition, I will be exempt from the split shift premium due to my					
	request for additional hours in a separate role.					
INITIAL	For all applicants applying for positions at the Learning Tree Preschool or management positions:					
HERE	I understand that selected positions may require additional background checks. I hereby authorize and request any law enforcement agency to					
	furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment or					
	volunteer position(s) at the YMCA of the Foothills. I understand this authorization is to be part of the written employment and/or volunteer					
	application. I understand the YMCA of the Foothills requires background checks for the purpose of evaluating me for employment or					
	volunteerism, promotion, reassignment, reclassification, transfer or retention as an employee or volunteer.					
I have no	t knowingly withheld any information that might adversely affect my chances for consideration and that the answers given by me are true and correct					
to the be	st of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or					
misstater	nent of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for					
immediat	immediate discharge if I am employed, regardless of the time elapsed before discovery.					
	Signature of Applicant Date					

The mission of the YMCA of the Foothills is to organize, develop, finance, and conduct programs for an association of persons of all ages that will, by putting Christian principles into practice, enrich the quality of their lives spiritually, mentally, physically and socially.

Employment Information

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
se explain how	vour work experienc	e skills qualifications	and training make you	, a suitable candidate for t	the position Give details	of any major	
Please explain how your work experience, skills, qualifications and training make you a suitable candidate for the position. Give details of any major							
chievements or initiatives you have taken while working for the YMCA of the Foothills.							
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				ms. nay have prepared you fo	this position?		

Employment Information continued

Primary Role	Branch	Summarize the nature of the work performed and job responsibilities.
Immediate Supervisor and Title	Dates in Role	
	From: To:	
Additional Role	Branch	Summarize the nature of the work performed and job responsibilities.
Immediate Supervisor and Title	Dates in Role	
	From: To:	
Additional Role	Branch	Summarize the nature of the work performed and job responsibilities.
Immediate Supervisor and Title	Dates in Role	
	From: To:	

Education & Training

	Name of School	City, State	Diploma Awarded	Degree	Major	
☐ High School ☐ GED			Yes No			
College			Yes No			
Graduate School			Yes No			
Vocational/ Other			Yes No In Progress			

Safety & Job Specific Certifications					
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration		

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Please provide a copy of this page to your supervisor(s).

Employees who currently report to multiple supervisors must provide a copy of this page to <u>each</u> current supervisor. Internal applications will not be accepted without supervisor's approval.

Employee Name:	Date:	

Position applying for:

To be	To be completed by the employee's supervisor(s) listed on page 2 of this application				
	Do you support the employee's application for this vacancy?	🗌 Yes 🗌 No			
	Has the employee successfully completed their introductory period?	Yes No			
	Has the employee been issued any disciplinary warnings in the previous 6 months?	🗌 Yes 🗌 No			
	Is the employee currently on a Performance Improvement Plan?	🗌 Yes 🗌 No			
	Comments:				
		_			
	Signature of Supervisor	Date			