



**Y of Central Maryland**  
**SEX, RACE, ETHNIC GROUP IDENTIFICATION FORM**

**DETACH FROM APPLICATION AND HAND IN SEPARATELY**  
**DO NOT SIGN THIS FORM**

The Federal government requires that an employer maintain records on the race, sex, and ethnic group of its applicants. See Uniform Guidelines on Employee Selection on Employee Procedures, 29 C.F.R. sub-section 2607 et seq., 41 C.F.R. sub-section 60-3.1 et seq. (1978). In order to comply with these requirements, the Y of Central Maryland requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employee decisions. This questionnaire will be kept separate from your application.

**Position applied for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sex:**  Male  Female

**Race:** (Please select the race that you most closely identify with.)

- White (Not Hispanic or Latino)  Black or African-American  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Hispanic or Latino  Asian  
 Two or More Races

The Y of Central Maryland is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, sexual orientation, or physical or mental disability or other category protected under applicable federal, state or local law.



## EDUCATION

Highest Grade Completed : Grade School	High School	College	Graduate
Type	Name & Address	Degree or Program	Course of Study
High School			
College			
Graduate/Professional			
Specialized Training, Apprenticeship, Skills			
Honors & Awards			

## PRESENT OR MOST RECENT EMPLOYMENT

Name of Company:	Address (Number & Street)	City/State/Zip:	Telephone Number:
Position:	Start Date:	End Date:	Starting Salary:
			Ending Salary:
Supervisor's Name:	Reason for leaving:	Were you disciplined or discharged?	Are you on layoff and subject to recall?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact present Company?	Describe duties:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/>		

## PREVIOUS EMPLOYMENT

**(List Your Most Recent Past Employment First, etc.)**

Name of Company:	Address(Number & Street):	City/State/Zip:	Telephone Number:
Position:	Start Date:	End Date:	Starting Salary:
			Ending Salary:
Supervisor's Name:	Reason for leaving:	Were you disciplined or discharged?	May we contact company?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe duties:			
<hr/>			

## PREVIOUS EMPLOYMENT

(Continued)

Name of Company:	Address (Number & Street)	City/State/Zip:	Telephone Number:
Position:	Start Date:	End Date:	Starting Salary:
			Ending Salary:
Supervisor's Name:	Reason for leaving:	Were you disciplined or discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe duties:			

## SKILLS

(Please check all skills in which you have experience.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Adding Machine                       | <input type="checkbox"/> 90 Hr Child Care Certificate    |
| <input type="checkbox"/> Database Design  | <input type="checkbox"/> Office Equipment (Copier, Fax, etc.) | <input type="checkbox"/> Current Lifeguard Certification |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> IBM PC/Compatible                    | <input type="checkbox"/> Current First Aid Certification |
| <input type="checkbox"/> Type (      wpm) | <input type="checkbox"/> Customer Service Experience          | <input type="checkbox"/> Current CPR Certification       |

If appropriate to the position you seek, list the certifications you possess or any related experience: \_\_\_\_\_

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## U.S. MILITARY SERVICE

Branch of Military:
Describe military duties, experience, training and skills relevant to the position you are seeking:

**REFERENCES**

(Please list three business references we may contact concerning you. If you have no previous business references, please provide three non-relative adult character references such as a teacher, neighbor, coach, or clergy)

Name	Address	Telephone Number	Relationship to You

**REFERENCE RELEASE STATEMENT and SIGNATURE**

I, \_\_\_\_\_, having filed an application to work as a(n) \_\_\_\_\_ (position sought) at the Y of Central Maryland do hereby authorize the Y to seek from school officials, doctors, previous employers, and other person, firms or institutions, and further authorize the persons, firms or institutions contacted by the Y to release to it any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the above-named job, including but not limited to information and opinions pertaining to the nature of my former job, and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record and my performance, behavior, attitude or other problems or good points perceived by them. Further, I authorize the Y to seek from any and all law enforcement agencies having information concerning any investigations, and any all documentation, test results or information of any type obtained from any source during the course of such investigations, other than records relating solely to charges that have been expunged. I also authorize said law enforcement agencies to release this information to the Y. I release, promise to hold harmless and covenant not to sue the Y, its agents or employees on the basis of its attempts to obtain any of the foregoing information and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the Y, its agents or employees on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

I understand this document is not an offer of employment. The information in this application is true and complete. I authorize the Y of Central Maryland to investigate statements. I understand that misrepresentation or omission of fact during hiring or employment is cause for dismissal. I further understand that the Y may require successful completion of a physical examination as a condition of employment.

I understand that, if hired, I will be an employee at-will. I would have the right to terminate my employment at any time for any reason; the Y should enjoy a similar right, regardless of cause. My status as an employee may only be modified by a written contract of employment, signed by an appropriate officer of the Y.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date