



EMPLOYEE NOTICE OF INTEREST FORM

Current employees, complete this form to apply for a new position or shift.
SUBMIT COMPLETED FORM TO LU ANN AVERSA, HUMAN RESOURCES
at RV Administration Office or email to laversa@hcyymca.org

EMPLOYEE NAME: _____ DATE: _____

PHONE: _____ EMAIL: _____

CURRENT POSITIONS HELD:

Title: _____ Dept: _____ # of Scheduled Hrs: _____

Title: _____ Dept: _____ # of Scheduled Hrs: _____

Title: _____ Dept: _____ # of Scheduled Hrs: _____

Title: _____ Dept: _____ # of Scheduled Hrs: _____

Title: _____ Dept: _____ # of Scheduled Hrs: _____

TOTAL SCHEDULED HRS: _____

POSITION APPLYING FOR:

Title: _____ Dept: _____ # of Scheduled Hrs: _____

_____ I am able to fulfill the scheduled hours of the new position and keep my current position.

_____ I will give up the following position/shift to work the scheduled hours of the new position:

Title: _____ Dept: _____ # of Scheduled Hrs: _____

QUALIFICATIONS FOR NEW POSITION: (May attach letter, resume, copy of required certification, etc)

I certify that all statements made by me on this Notice of Interest Form and any attachments are true to the best of my knowledge. I also understand that completion of this Form does not guarantee that I will receive the position. I understand and agree that my employment is employment-at-will, which permits the Association or the employee to terminate the employment relationship at any time, for any reason.

Employee Signature: _____ Date: _____

FOR HR DEPT:

HR Director Approval: _____ Date: _____ Referred to: _____ Contacted: _____