

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer • The YMCA Welcomes a Diverse Workforce

Please print legibly in ink. You must complete the entire application.

Date: _____

APPLICANT INFORMATION

Name (first, middle, last)	Daytime Telephone ()
Address (street, city, state, zip code)	Evening Telephone ()
Please list any other names under which you have worked or attended school.	Mobile Telephone ()
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth (if under 18) _____ If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.	Email address

Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? Yes No
If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted.
Convictions are not an automatic bar to employment. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate termination. We conduct criminal record checks on all employees. Employment is contingent upon the results of the criminal record check. If you are unsure how to complete this information, please contact the Human Resources Department.

POSITION APPLYING FOR

	Part-time or Full-time	Salary Preference	Days/Hours Available
1st Choice			
2nd Choice			

When can you start? _____ Are you interested in volunteer work? Yes No

Have you been paid to work for the YMCA before? Yes No When? _____

How did you learn of this opening? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> YMCA Job Opportunities Posting | <input type="checkbox"/> Wisconsin Job Center | <input type="checkbox"/> Community Agency _____ |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Agency | <input type="checkbox"/> School/College _____ |
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Employee Referral _____ | <input type="checkbox"/> Other _____ | |

OTHER QUALIFYING FACTORS

CERTIFICATIONS: (Proof of certification may be required prior to employment)	Date Received	Expiration Date

If relevant, please describe word processing speed, software knowledge and office equipment experience.

Briefly describe what makes you feel qualified to fill the desired position.

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Circle Last Year Completed	Graduated (Y/N)	Diploma, Degree, Course of Study
High School		8, 9, 10, 11, 12		
College		1, 2, 3, 4, 5		
Post Graduate		1, 2, 3, 4, 5		
Business/Technical		Months Attended		

WORK HISTORY (paid and unpaid)

Are you currently employed? Yes No If yes, list your work schedule _____

May we contact your current and past employer for reference purposes? Yes No

Name of Employer	Telephone Number ()
Address	
Name of Immediate Supervisor	Employment Dates (month/year)
Job Title	From To
Description of Duties	
Salary (start)	Salary (end) Reason for Leaving
Name of Employer	
Telephone Number ()	
Address	
Name of Immediate Supervisor	Employment Dates (month/year)
Job Title	From To
Description of Duties	
Salary (start)	Salary (end) Reason for Leaving
Name of Employer	
Telephone Number ()	
Address	
Name of Immediate Supervisor	Employment Dates (month/year)
Job Title	From To
Description of Duties	
Salary (start)	Salary (end) Reason for Leaving

AVAILABILITY (List general days and times of your availability for work)

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

EMPLOYMENT REFERENCES (List individuals familiar with your job qualifications – no friends or relatives)

Name	Daytime Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known?
Name	Daytime Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known?
Name	Daytime Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known?

Please read carefully before signing this application.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Fond du Lac Family YMCA to investigate and verify any and all information provided on this employment application. Such information and verification whether favorable or unfavorable may be provided by present or former employers or any individual familiar with my employment background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
3. Regardless of whether or not I become employed by the Fond du Lac Family YMCA, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Fond du Lac Family YMCA is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Fond du Lac Family YMCA's unless specifically provided otherwise. I further understand that no Fond du Lac Family YMCA employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the Fond du Lac Family YMCA and then only by means of a signed written document.
4. This application for employment shall be considered active for a period not to exceed 90 days.

Signed by Applicant _____ Date _____

(OVER)

IMMIGRATION AND NATURALIZATION SERVICE INFORMATION

The Fond du Lac Family YMCA hires only United States citizens and aliens lawfully authorized to work in the United States.

In the event you are offered and accept a position with the Fond du Lac Family YMCA, you will, as a condition of employment, be required to complete and sign an Employment Eligibility Verification Form I-9. You will also be required to present original documentation, which both identifies you and establishes your work authorization within three days of your date of hire. If, after you have been hired, any documentation has expired, it is your responsibility to provide your supervisor with current documentation immediately. Failure to do so will result in immediate termination with the Fond du Lac Family YMCA without prejudice to future employment application. This applies to U.S. citizens as well as aliens.

For many persons, the presentation of a social security card, along with either a picture driver's license or state identification card, will be sufficient documentation of identity and work authorization. However, certain other documents will also be acceptable. If you wish to know a complete list of acceptable documents, please speak to the person who is responsible for the hiring of the position for which you are applying. This list can also be obtained from the nearest office of the United States Citizenship and Immigration Services.

If there are any special circumstances that make you exempt from any part of the verification procedures, please inform the Fond du Lac Family YMCA's representatives at the time the verification is requested. Nothing contained therein should be construed by you to be an offer of employment or a promise of any nature.