



Date: _____

MARION FAMILY YMCA

APPLICATION FOR EMPLOYMENT

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 YMCA to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

*Please Print

NAME:		Home Telephone No. ()
ADDRESS: Street, City, State, and Zip Code		Cell Phone No. ()
EMAIL 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 a reliable means of transportation? <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 <input type="checkbox"/> No If yes, please explain: (A conviction will not necessarily disqualify you.)		
Have you ever failed to be reemployed, been involuntarily discharged, fired, or asked to resign a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and circumstances _____		

EMPLOYMENT DESIRED

Type of position desired:	Date Available	Salary desired
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied at the Marion Family YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Have you ever been employed by the Marion Family YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
How were you referred to the Marion Family YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please identify source below)		
<hr style="border: 0; border-top: 1px solid black;"/>		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended	Graduate?	What Degree	Major Subject / Total Hours (if applicable)
	From To	(Yes/No)		
High School				
College/University				
College/University				
Highest degree earned:				
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 below.				
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.				
<input type="checkbox"/> Keyboarding _____ WPM	Computer skills: (i.e. Microsoft Office: Word; Excel; Outlook; etc.)		<input type="checkbox"/> Other machines requiring special skills:	

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY
Company Name		Phone No. ()		
Dates of Employment From (M/Y) To (M/Y)				
Address (Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()		
Dates of Employment From (M/Y) To (M/Y)				
Address (Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()		
Dates of Employment From (M/Y) To (M/Y)				
Address (Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()		
Dates of Employment From (M/Y) To (M/Y)				
Address (Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Description of Job Duties				

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Phone No.
	()	
	()	
	()	

PRE-EMPLOYMENT CERTIFICATION

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

_____ Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, educational institutions, and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom. I also understand that the YMCA conducts pre-employment criminal background checks. BCI and FBI criminal background checks are also required for pre-school and camp employees post hire.

_____ Initial

If employed by the YMCA I will abide by Association policies and rules. 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 my work.

_____ Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's 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 examinations.

_____ Initial

I understand that the YMCA conducts pre-employment drug screening and agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

_____ Initial

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion. I understand that I am free to voluntarily terminate my employment at any time, and if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

_____ Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that no manager, supervisor, or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I expressly 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 myself and the YMCA.

_____ Initial

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations, and promises, express or implied, between me and the YMCA. I understand and agree that no person who is either an agent or employee of the YMCA may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions set forth herein.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as a condition of my employment with the YMCA.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date