

KANDIYOHI COUNTY AREA FAMILY YMCA
APPLICATION FOR EMPLOYMENT



LAST NAME OF APPLICANT _____

The YMCA is an equal opportunity employer and does not discriminate or give preferential consideration because of sex, sexual orientation, gender identity, familial status, race, color, creed, religion, disability, ancestry, age, national origin, genetic information or veteran's status in the employment of qualified persons. It is our policy to select the best-qualified persons available to fill staff positions. It is the policy of the YMCA to conform to both the letter and the spirit of the Federal, State, and local civil rights laws. This pertains, but is not limited to, recruitment, hiring, training, transfer, promotion, compensation, benefits, reasonable accommodation, and termination of employment. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.**

DATE OF APPLICATION _____ DATE AVAILABLE TO START _____

NAME _____

DAYTIME PHONE _____ EVENING PHONE _____

ADDRESS _____

OTHER NAMES USED DURING PRIOR EMPLOYMENT _____

Maiden name, other surname, etc.

E-MAIL _____

GENERAL

NAME OF POSITION YOU ARE APPLYING FOR

APPLYING FOR POSITION AS

- FULL TIME
- PART TIME
- SEASONAL

PLEASE CIRCLE THE DAY(S) YOU WOULD PREFER TO WORK.

S M T W TH F S

PLEASE CIRCLE THE SHIFT THAT YOU ARE APPLYING FOR.

DAY EVENING NIGHT

Have you previously applied for employment for any YMCA? Yes No

If yes, when? _____ Location(s)? _____

Have you ever worked for any YMCA? Yes No If yes, when?_

_____ Location(s)? _____

Do you have any relatives or friends working for the YMCA? Yes No If

yes, name: _____

Are you legally eligible for employment in this country? Yes No
 (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Where did you hear about this opportunity?

- Kandiymca.org employment page
- online job board
- church or school
- Other _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

HR OFFICE ONLY:

Director taking application: _____

Date: _____ Date Returned: _____

Notes:

EDUCATION	NAME	HIGH SCHOOL	COLLEGE	OTHER
	LOCATION			
	# OF YEARS COMPLETED			
	COURSE OF STUDY			
	DID YOU GRADUATE?			

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent. If a resume is provided, the information must still be completed. If more relevant work history is further back, use the "skills" portion on next page.

EMPLOYMENT HISTORY	FROM	TO	EMPLOYER	TELEPHONE #
	MAY WE CONTACT FOR REFERENCE?		COMPLETE ADDRESS	
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	STARTING JOB TITLE		FINAL JOB TITLE	
	IMMEDIATE SUPERVISOR	SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR'S EMAIL	REASON FOR LEAVING		
	FROM	TO	EMPLOYER	TELEPHONE #
	MAY WE CONTACT FOR REFERENCE?		COMPLETE ADDRESS	
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	STARTING JOB TITLE		FINAL JOB TITLE	
	IMMEDIATE SUPERVISOR	SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES		
	IMMEDIATE SUPERVISOR'S EMAIL	REASON FOR LEAVING		
	FROM	TO	EMPLOYER	TELEPHONE #
	MAY WE CONTACT FOR REFERENCE?		COMPLETE ADDRESS	
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
STARTING JOB TITLE		FINAL JOB TITLE		
IMMEDIATE SUPERVISOR	SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES			
IMMEDIATE SUPERVISOR'S EMAIL	REASON FOR LEAVING			

SKILLS

Summarize any other employment history, training, other skills that may have prepared you for this position.

References relevant to additional work history:

List all special licenses, permits, certifications and level or credit hours. (CPR, lifeguard, First Aid, etc. Proof of these accomplishments will be required, if hired.)

TYPE	LEVEL	EXPIRATION DATE
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

List equipment, machinery or special skills related to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience (typing, 10-key, etc.).

REFERENCES

List 3 references and 1 family reference. All information must be provided to be considered for employment.

	1	2	3	Family
NAME	<hr/>	<hr/>	<hr/>	<hr/>
ADDRESS	<hr/>	<hr/>	<hr/>	<hr/>
PHONE	<hr/>	<hr/>	<hr/>	<hr/>
EMAIL	<hr/>	<hr/>	<hr/>	<hr/>
POSITION/ OCCUPATION	<hr/>	<hr/>	<hr/>	<hr/>
HOW LONG KNOWN?	<hr/>	<hr/>	<hr/>	<hr/>

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
Initial or consider this application for future openings.

_____ I understand that my employment is contingent on the completion of a criminal history check and that the YMCA has the right to
Initial not hire or terminate my employment based on the findings of the background check.

_____ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or
Initial 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, education institutions and agencies, and
for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

_____ If employed by the YMCA I will abide by all YMCA policies and rules. I understand that I will be required to possess a current and
Initial valid driver’s license if my position requires me to drive in the course of my work.

_____ If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at
Initial any time at the option of the YMCA or myself. I further 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.

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 Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPARTMENT USE ONLY

Interviewer’s Signature

Date