



YMCA of Northern Rock County
221 Dodge Street
Janesville, WI 53548
608-754-6654
608-754-9024 fax

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA!	
<p>The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.</p> <p>If you would like to apply to join the YMCA staff team, please complete the application below.</p> <ul style="list-style-type: none"> • Be sure to write legibly • The application must be completed in full. • Do not leave any spaces blank or write "see resume" in response to any question. • Read, initial and sign the last page of the application. 	
Personal Information	
Position Applying For: _____ Date: _____	
Preferred YMCA Location: _____ Date Available: _____	
NAME: _____ E-mail: _____	
Last _____ First _____ MI _____	
Address: _____	
Street _____ City _____ State _____ ZIP _____	
Telephone: Home _____ / _____ Business _____ / _____ Mobile _____ / _____	
Are you 18 years of age or older? <i>(If not, you may be required to provide work authorization.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. <i>(A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.	
<p>Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.</p>	

Employment Application

Employment Information

List available days/hours: If position requires hours will include nights, weekends and holidays.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full-time Part-time Seasonal As Needed

Have you previously been employed by this YMCA or any other YMCA? Yes No

If yes, when? At which locations?

Have you previously volunteered at this YMCA or any other YMCA? Yes No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA? Yes No

If yes, name(s) and relationship:

How did you hear about this opening?

Name of referral source:

- YMCA staff referral
- School
- Walk-in
- YMCA website
- YMCA member
- Advertisement
- Other _____

Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Employment Application

Employment History				List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title		<u>Starting</u> Hourly Rate/Salary			
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title		<u>Starting</u> Hourly Rate/Salary			
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
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Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title		<u>Starting</u> Hourly Rate/Salary			
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Please explain any gaps in your employment history.					
What other business experience, personal experience or training have you had that may have prepared you for this position?					

Personal References

Do not list relatives or past employers.

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: / _____ / _____
Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: / _____ / _____
Alternate #: _____

Name: _____ Occupation: _____ Years Known: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: / _____ / _____
Alternate #: _____

Application Acknowledgement and Authorization

Please read and initial all statements and sign below:

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 this 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, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

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 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

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, other than the CEO of the YMCA, 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. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. 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.

Initial

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 except as noted above, 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.

Applicant Signature

Date of Application

Parent/Guardian Signature if Applicant is under 18 years of age

Date of Application



**YMCA OF NORTHERN ROCK COUNTY
Background Check Authorization**

It is a policy of the YMCA of Northern Rock County that all prospective employees pass a background check before an employment offer can be given. By filling out and signing this form you give us permission to conduct a background check. Refusal to complete this form will end the employment process.

Full Name: _____

Full Address: _____

Birth date: _____

Gender: M F Race: _____

Social Security Number: _____

Position Applying for: _____

Applicant Signature Date

Supervisor/Director Signature Date