



# ITASCA COUNTY 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 Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

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

### PERSONAL INFORMATION

FULL NAME: Please PRINT or TYPE		Home and/or Cell Telephone Number	
EMAIL ADDRESS:			
ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at present address?	
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous 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    Social Security Number will be required upon hiring.			
Are you over 18?		If hired, do you have a reliable means of transportation to get to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:			

## EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired
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		
Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please describe how the Company could accommodate you:		
Have you ever applied at the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> WalkIn <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
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"/> Typing _____ WPM	Computer Skills (please list office software that you are competent with):		<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	
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start                      Final		
Supervisor (Name & Title)					
Description of Job Duties					
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start                      Final		
Supervisor (Name & Title)					
Description of Job Duties					
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start                      Final		
Supervisor (Name & Title)					
Description of Job Duties					
<b>Company Name</b>		Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include 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** – Please provide 3 professional references below (supervisors or co-workers from present and previous employers who have knowledge of your work). Do not include relatives or current ICFYMCA staff members.

Name	Professional Relationship and Business Name and Address	Phone Number

**PERSONAL REFERENCES** – Please provide 3 personal references below (people you have known for at least 3 years, include 1 relative and do not include employers)

Name	Address	Phone Number

## 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 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 therefrom. \_\_\_\_\_  
Initial

If employed by the YMCA I will abide by YMCA 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 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. Only the YMCA Executive Director 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 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

## YMCA Employment Authorization Form

My signature below certifies that the information I have provided you on my application form is true and correct. I understand that falsification or misrepresentation will result in disqualification of consideration or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **NOT TO BE FILLED OUT UNTIL EMPLOYMENT INTERVIEW**

Have you ever been convicted of a felony, or for child abuse or sex-related crimes?

YES       NO    If yes, please explain:

(A conviction will not necessarily disqualify you.)

#### NOTICE TO APPLICANTS:

The Itasca County Family YMCA maintains a ZERO TOLERANCE for child abuse and or substance abuse.

Criminal background checks and other federal or state screenings for child abuse will be conducted before hiring.

By signing below I authorize the Itasca County Family YMCA to conduct a criminal background check (which may include the Bureau of Criminal Apprehension).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_