

APPLICATION FOR EMPLOYMENT



YMCA of the Fox Cities

We are dedicated to providing equal employment opportunities for all persons without regard to age, race, color, gender, religion, mental or physical disability, marital status, gender, national origin, veteran status, or any other legally protected status.

- YMCA Corporate Office
- Appleton YMCA
- Apple Creek YMCA
- Camp Nan A Bo Sho
- Fox West YMCA
- Heart of the Valley YMCA
- Neenah-Menasha YMCA

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

Position(s) Applying For: _____

Date: _____

Name (first, middle, last) _____

Address (street, city, state, zip code) _____

Telephone: daytime _____ Evening _____

Alt/Cell _____ E-mail Address _____

Best time to call: _____ To _____

If you are under 18 yrs of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes: Date: / /

If yes, what position? _____

Have you ever worked at another YMCA? Yes No If Yes, where: _____

If yes, what position? _____

Have you ever been enrolled in the YMCA Retirement Fund? Yes No

Do any of your friends or relatives work here? Yes No If Yes, name: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Have you ever been convicted of a crime (felony or misdemeanor) Yes No

If yes, explain 1) nature of crime 2) date of conviction, and 3) state in which it occurred

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 will conduct a criminal record check on all employees. Employment is contingent upon the results of the criminal background check.

Date Available for Work: _____ What is Your Desired Salary Range: _____

Hours/Shift Available to Work:

Full Time Shift Mornings Afternoons Evenings

Part Time Hours AM to PM

Temporary Days Available Mon Tue Wed Thur Fri Sat Sun

EDUCATION AND BACKGROUND

Type of School	Name and City	Circle Last Completed	Graduated		Diploma, Degree, Course or Study
High School		9, 10, 11, 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College		1, 2, 3, 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Post Graduate		1, 2, 3, 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

OTHER QUALIFYING FACTORS

Certifications: (Proof of certification may be required prior to employment.)

Type of Certification	Date Received	Expiration Date

WORK HISTORY *please account for the past 10 years (if possible). Use a separate sheet of paper if necessary*

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is your work schedule? _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer _____		Telephone _____
Address _____		
Job Title _____		From _____ To _____ Employment Dates (mo/yr)
Name of Immediate Supervisor _____		
Description of Duties _____		
Salary (start) _____	Salary (end) _____	Reason for Leaving _____

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is your work schedule? _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer _____		Telephone _____
Address _____		
Job Title _____		From _____ To _____ Employment Dates (mo/yr)
Name of Immediate Supervisor _____		
Description of Duties _____		
Salary (start) _____	Salary (end) _____	Reason for Leaving _____

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is your work schedule? _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer _____		Telephone _____
Address _____		
Job Title _____		From _____ To _____ Employment Dates (mo/yr)
Name of Immediate Supervisor _____		
Description of Duties _____		
Salary (start) _____	Salary (end) _____	Reason for Leaving _____

Emergency Contact Person		
Name	Relationship	Phone

How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Agency	<input type="checkbox"/> Inquiry <input type="checkbox"/> Other (list) _____ <input type="checkbox"/> Referral _____ if referral, by who? _____ do they work for the YMCA of Fox Cities? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specialized training, apprenticeships, skills, and extra-curricular activities. Please include any computer/equipment knowledge.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held. *You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Additional Information / Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experiences.

References (preferably list individuals familiar with your job qualifications)

Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening/Alt Phone _____
Relationship _____
How long known? _____

Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening/Alt Phone _____
Relationship _____
How long known? _____

Name _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening/Alt Phone _____
Relationship _____
How long known? _____

YMCA of the FOX CITIES
STATEMENT OF APPLICANT

**please read before signing this form*

In the YMCA of the Fox Cities' efforts to attract the highest quality staff, I have been advised and understand that as a part of the application process for employment with the YMCA an extensive inquiry will be made concerning my prior employment, education, and criminal background check, and I fully consent to and authorize all such inquiries.

In the event of my employment by the YMCA of the Fox Cities, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand and give authorization that inquiries may be made concerning my background, education, prior employment, driving, and criminal record. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand that my continued employment is contingent upon a physician's statement showing me to be in good health and meet any immunization requirements (if required by department) and for an acceptable criminal history background check.

I understand that it is in the association's policy to secure criminal history information as a part of the employment process. I have provided necessary information for the sole purpose of obtaining a criminal history file search. I understand that the YMCA of the Fox Cities does not condone child abusers and that the YMCA of the Fox Cities will be seeking information in my background related to child abuse. I understand that the YMCA of the Fox Cities follows all regulations for the Caregivers Background Check and any appropriate child care licensing regulations.

I certify that all statements made by me on this application and background information disclosure form are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude me from being considered for employment or after starting employment, may be cause for termination of employment with the YMCA of the Fox Cities.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home. Any exceptions must be made in writing, with the supervisor and maintained on record.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS, ALL INFORMATION PROVIDED FOR CONSIDERATION OF EMPLOYMENT IS ACCURATE AND TRUE, AND I AM VOLUNTARILY SIGNING THIS APPLICATION.

SIGNATURE OF APPLICANT

/ /
DATE