



APPLICATION FOR EMPLOYMENT

YMCA of Rock River Valley

*We build strong kids,
strong families,
strong communities.*

The YMCA is an equal opportunity employer.
The YMCA supports the Drug Free Workplace Act.

PERSONAL	Last Name			First	Middle	Date	
	Present Address	Street Address				Home Telephone	
		City		State	Zip	E-mail	
	Permanent Address	Street Address				Telephone	
		City		State	Zip		
	<i>leave blank if same as above</i>						
	<ul style="list-style-type: none"> • Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No • Can you prove your legal right to work in the U.S. if a job offer is made? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were you ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were you ever convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No 						
	If Yes to either, please explain: _____						
	<i>A conviction does not automatically disqualify an applicant. Factors such as age at time of offense, the seriousness and the nature of the violation and rehabilitation will be considered.</i>						
	<ul style="list-style-type: none"> • Have you ever been the perpetrator of sexual abuse or child abuse/neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No 						
If Yes, please explain: _____							
<ul style="list-style-type: none"> • The YMCA has a staff No Smoking Policy in all facilities and on all premises. If hired and if you are a smoker, do you agree to adhere to this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No 							

PREFERENCES	Most positions are part-time. <input type="checkbox"/> N.E. Branch <input type="checkbox"/> I.D. Pennock		Would you consider any schedule available <input type="checkbox"/> Yes <input type="checkbox"/> No Days <input type="checkbox"/> Yes <input type="checkbox"/> No Evenings <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Application for open position of: <input type="checkbox"/> Instructor for YMCA Programs <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Dance/Poms <input type="checkbox"/> Gymnastics <input type="checkbox"/> Swim <input type="checkbox"/> Sports		Child Care <input type="checkbox"/> Before and After School Age Care <input type="checkbox"/> 21st Century Camp Winnebago <input type="checkbox"/> Summer Camp <input type="checkbox"/> Outdoor Education <input type="checkbox"/> Housekeeping <input type="checkbox"/> Maintenance	
	<input type="checkbox"/> Other (please specify) _____		Service Areas <input type="checkbox"/> Babysitting <input type="checkbox"/> Building Supervisor <input type="checkbox"/> Housekeeping <input type="checkbox"/> Lifeguards <input type="checkbox"/> Locker Room <input type="checkbox"/> Maintenance <input type="checkbox"/> Training Center <input type="checkbox"/> Welcome Center	

General

1. Have you ever been employed by the YMCA? Yes No
2. If yes, where _____ Dates of employment _____
3. How were you referred to the YMCA? _____

Employment

Begin with most recent. Include military.

1	Company Name	Telephone () -
	Address	Employed: From To
	Name of Supervisor	Weekly Pay: Start End
	State job title and describe your work:	Reason for leaving:
2	Company Name	Telephone () -
	Address	Employed: From To
	Name of Supervisor	Weekly Pay: Start End
	State job title and describe your work:	Reason for leaving:
3	Company Name	Telephone () -
	Address	Employed: From To
	Name of Supervisor	Weekly Pay: Start End
	State job title and describe your work:	Reason for leaving:
4	Company Name	Telephone () -
	Address	Employed: From To
	Name of Supervisor	Weekly Pay: Start End
	State job title and describe your work:	Reason for leaving:

General

School	Name and address of school	Course Studied Completed	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
HIGH SCHOOL	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COLLEGE	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COLLEGE	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If not a high school graduate, indicate highest grade reached _____.

If not a high school graduate, have you earned a GED or H/S equivalency? ____ Yes ____ No

Training/Skill/Certification

List all that will qualify you for a position within the YMCA.

Activities

Describe non-employment activities you have been engaged in that might strengthen your application.

Personal References

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

I certify that all the above answers are true and correct to the best of my knowledge and belief.

I authorize investigation of all statements contained in this application form.

I certify that I am not involved in the use of or dealing in illegal drugs.

I further understand that the YMCA does periodic random drug testing of employees and agree to participate in such tests when selected. I agree to remain drug free while employed by the YMCA.

I understand that misrepresentation or omission of fact on this form is cause for disqualification of employment or dismissal if hired.

Applicant's Signature

Date

Please read and sign the next page.

YMCA OF ROCK RIVER VALLEY

RELEASE OF INFORMATION



Please read before signing.

We appreciate your interest in a position with the YMCA of Rock River Valley. If you have questions about making the following statement, please ask the interviewer to explain.

Statement of Applicant

The YMCA makes every effort to attract the highest quality staff. I have been advised that as part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries.

I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning me, my background, experience and prior employment. Inquiries and requests may be made by you, or your representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. 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 certify that all statements made by me on this application are true and complete 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 my being considered for employment or, after employment, would be cause for termination of employment with the YMCA.

I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application.

Signature of Applicant

Date

First

Middle Initial

Last

(Print Name)

Interview results

Interviewer name and comments:

