



Le Mars YMCA
 241 12th Street SE
 PO Box 41
 Le Mars, IA 51031
 (712) 546-6655



APPLICATION FOR EMPLOYMENT

Thank you for considering the YMCA as a place to work. This application form is intended for use in evaluating your qualifications for employment. **Please answer all appropriate questions completely and accurately.** All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, sexual orientation, national origin or the presence of disabilities. A felony conviction will also not necessarily bar you from employment. Depending on company policy and the needs of the job you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This is not an employment contract. False and misleading statements during the interview and on this application form are grounds for termination of the application process, or if falsification is discovered after employment, termination of employment is possible.

PERSONAL INFORMATION

NAME: Last		First		Middle	
ADDRESS: Number		Street		City	
				State	
				Zip Code	
HOME TELEPHONE #		BUSINESS TELEPHONE #		SOCIAL SECURITY NUMBER	
POSITION(S) APPLIED FOR		DATE OF APPLICATION		DATE OF AVAILABILITY	
Are you over the age of 18?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If hired, do you have a reliable means of transportation to get to work?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you, after employment, submit verification of your legal right to work in the United States?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? Conviction will not necessarily disqualify an applicant from employment.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain: _____					

EDUCATION & ADDITIONAL TRAINING

School	Name and Address	Years Completed	Years Attended		Diploma/Degree	Major/Course of Study
Elementary						
Middle						
High						
College						
Highest Degree Earned: (Please only mark one)		High School	Associate	Bachelor	Master	Doctorate

Professional memberships, certificates and/or licenses held: (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.)

Described any extra-curricular activities:

EMPLOYMENT DATA

Have you ever filed an application with us before? If yes, please give date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been employed with us before? If yes, please give date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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 LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST

EMPLOYER: 1		SUPERVISOR: (Name) _____		(Title) _____		TELEPHONE #: _____	
ADDRESS: Number _____		Street _____		City _____		State _____ Zip Code _____	
DESCRIPTION OF JOB DUTIES:							
DATES EMPLOYED		HOURLY RATE/SALARY		JOB TITLE		JOB TITLE	
From	To	Start	Final	Start	Final	Final	Final
EMPLOYER: 2		SUPERVISOR: (Name) _____		(Title) _____		TELEPHONE #: _____	
ADDRESS: Number _____		Street _____		City _____		State _____ Zip Code _____	
DESCRIPTION OF JOB DUTIES:							
DATES EMPLOYED		HOURLY RATE/SALARY		JOB TITLE		JOB TITLE	
From	To	Start	Final	Start	Final	Final	Final
EMPLOYER: 3		SUPERVISOR: (Name) _____		(Title) _____		TELEPHONE #: _____	
ADDRESS: Number _____		Street _____		City _____		State _____ Zip Code _____	
DESCRIPTION OF JOB DUTIES:							
DATES EMPLOYED		HOURLY RATE/SALARY		JOB TITLE		JOB TITLE	
From	To	Start	Final	Start	Final	Final	Final

REFERENCE DATA

NAME:	TELEPHONE #:	ADDRESS:
1		
2		
3		
4		

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. In consideration of employment, I also agree as follows:

A I will comply with all YMCA rules and regulations prescribed, written or oral, pertaining to requirements of employment.

B I will submit to a Physical Review, if requested to determine my fitness to meet the essential functions of the job with accommodations, for which I am applying.

C I will permit the making of Portrait Photographs and other records for purpose of identification.

D I also agree that if I am employed by the YMCA a full transcript of my records as an employee, information as to my character, habits and ability, also the cause for my termination may be given to any person with whom I may hereafter seek employment. I hereby release the YMCA from any and all liability or damages of whatever nature on account of furnishing such information.

E All records pertaining to my employment are to remain the property of the YMCA.

F I understand that as a part of YMCA procedure for processing my application, an investigative report may be made, including a criminal history check, whereby information is obtained through contact and interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others. I also understand that under Public Law 91-5081 I have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

G I understand that as a part of the pre-employment process and in accordance with the Fair Credit Reporting Act of 1997, an investigative report may be requested from an outside agency. I understand that if employment is terminated as a result of this investigative report that I have the right to the name and address of the reporting agency.

H I agree that my employment is "at-will", and my employment & compensation can be terminated with or without cause and with or without notice, at any time at the option of either the YMCA or myself. Furthermore, I understand that this agreement can only be modified by the YMCA Executive Board of Directors, and only in writing.

Applicant Signature: _____ **Date:** _____