



Employment Application

MARSHALL AREA YMCA

200 S. A Street, Marshall, MN 56258

Imagine going to work knowing that what you do each day positively affects the life of the people in your community. Working at the Y, you'll soon discover it's more than a job-you'll enjoy, a career with a future and the opportunity to make a lasting difference in the lives of those around you. Our staff members-of all ages and life experiences-enjoy the personal satisfaction that comes from nurturing the potential of youth, improving our community's health and well-being and providing support to our neighbors.

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

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
E-MAIL 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		
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		
Any job offer is contingent upon a Criminal Background Check		

EMPLOYMENT DESIRED

Name 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 listing 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:		
Have you ever applied at this YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by this YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to this YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Website <input type="checkbox"/> Other (please specify below) (Please identify source below)		
_____ Name of Employee _____		

EDUCATION, TRAINING, AND MILITARY EXPERIENCE

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
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, i.e. Microsoft Word, Excel, etc.	<input type="checkbox"/> Other machines requiring special skills:		
Please list any other certifications or training you have (Example: CPR, First Aid)				
Military Service – Branch:				
Special Skills and Training:				

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY
Company Name	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			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company Name	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			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company Name	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			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company Name	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			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO			

REFERENCE DATA

PLEASE LIST 3 PERSONAL REFERENCES, AND 1 FAMILY MEMBER AS A REFERENCE THAT WE MAY CONTACT

Name	Address	Area Code	Phone

PRE-EMPLOYMENT CERTIFICATION

(Initial in the space provided next to each statement)

_____ I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

_____ I authorize investigation of all statements contained in this application including conducting a criminal background check. 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 Company 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.

_____ If employed by the Company I will abide by Company 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.

_____ I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. 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 Company storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

_____ Employment with the YMCA is **employment-at-will**. "Employment at will" means that employees may end their employment at any time for any reason; and that the employer (the YMCA) may terminate employees at any time for any legal reason, with or without cause.

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

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.