



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA OF THE FOX CITIES EMPLOYMENT APPLICATION

Thank you for your interest in the YMCA!

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign this application.

Location(s) applying to:

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

Personal Information

Position Applying For: _____ Date: _____

NAME: _____ E-mail: _____
 Last First MI

Address: _____
 Street City State Zip

Telephone: Home ____/____/____ Mobile ____/____/____

Are you 18 years of age or older? (If not, you may be required to provide work authorization.) **Yes**
 No

If hired, can you provide verification of your legal right to work in the United States? **Yes**
 No

Have you ever been convicted of a crime, pled no contest or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. (Divulging any arrest or conviction records will not automatically lead to disqualification of an application. In addition an arrest or conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses if such is substantially related to the position the applicant has applied for. However, failure to provide complete and accurate information relating to arrest and criminal convictions as well as untruthful responses can result in disqualification and/or termination from employment with the YMCA of the Fox Cities. Applicants should anticipate that we will conduct a criminal record check on all employees. Employment is contingent upon the results of the criminal background check.) **Yes**
 No

Safety & Job Specific Certifications			
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Employment History				List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title		<u>Starting Hourly Rate/Salary</u>			
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
Address		To: ___/___			
Job Title		<u>Starting Hourly Rate/Salary</u>			
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
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Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.		
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Job Title		<u>Starting Hourly Rate/Salary</u>			
Immediate Supervisor and Title		\$ _____ per _____			
Reason for Leaving		<u>Ending Hourly Rate/Salary</u>			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____			

Please explain any gaps in your employment history.

What other business experience, personal experience or training have you had that may have prepared you for this position?

Personal References		Do not list relatives	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____	
Name: _____	Occupation: _____	Years Known: _____	
Address: _____	City: _____	State: _____	Zip: _____
E-mail: _____	Phone: _____ / _____	Alternate #: _____	



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Application Acknowledgement and Authorization

Please read all statements and sign below:

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

I agree to hold harmless persons supplying information in response to such inquiry. I understand and agree any employment by the YMCA is contingent upon the completion of the background check processes, including the criminal history background check.

I certify all information I have provided in this application is correct, accurate and complete to the best of my knowledge. I understand the falsification, misrepresentation or omission of any facts in this application or any other document submitted in connection with YMCA employment will exclude me from being considered for employment or, after starting employment, may result in the immediate termination of my employment with the YMCA of the Fox Cities.

If I am employed by the YMCA, I understand I am an "employee at will", meaning my employment may be terminated, with or without cause, with or without notice, at any time at the option of either the YMCA, or myself. I understand no manager, supervisor or representative of the YMCA has authority to enter into any agreement for my employment for any specific period of time, other than the CEO of the YMCA of the Fox Cities, or to make any agreement contrary to such an agreement. Any such agreement by the CEO of the YMCA must be in writing. I further expressly agree with respect to the at-will employment relationship this statement constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

I understand all offers of employment are conditioned upon my providing appropriate documents confirming my identity and my legal right to work in the United States. I understand this application is only valid for the listed position applied for, and the YMCA is not obligated to retain or consider this application for any other or future positions. If hired, I agree to abide at all times by all YMCA policies and rules. BY SIGNING BELOW, I HEREBY ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE STATEMENTS CONTAINED IN THIS SECTION "APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION", AND I FURTHER CERTIFY ALL INFORMATION PROVIDED BY ME FOR CONSIDERATION OF EMPLOYMENT IS CORRECT, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I AM MAKING AND SIGNING THIS APPLICATION VOLUNTARILY.

Signature: _____ Date: _____