



FERGUS FALLS AREA FAMILY YMCA EMPLOYMENT APPLICATION

Return Application to: Human Resources, 1164 N Friberg Ave, Fergus Falls, MN 56537

APPLICATION INSTRUCTIONS

Please note: **Incomplete applications cannot be processed.** Please provide all the requested information on the application.

1. Please print all information clearly in blue or black ink.
2. Complete **ALL** sections and answer each question completely and accurately.
3. Complete the previous employment history section of the application even if you are attaching a resume.
4. Sign and date the application where indicated.

The Fergus Falls Area Family YMCA is an equal opportunity employer. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state of local law.

NOTICE TO APPLICANTS

The YMCA maintains a "Zero Tolerance" for child abuse and/or substance abuse. Criminal background check and other federal or state screenings for child abuse will be conducted.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

PERSONAL INFORMATION

Last Name	First	Date
Street Address		Home Phone:
City, State, Zip		Cell Phone:
		Email:
Have you previously applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you previously worked for any other YMCA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: _____		
YMCA Name and address: _____		
Position Applied For:	Date Available:	Salary Desired:
What Areas Interest You?		
<input type="checkbox"/> Member Services <input type="checkbox"/> Child Care <input type="checkbox"/> Custodial <input type="checkbox"/> Birthdays <input type="checkbox"/> Aquatics <input type="checkbox"/> Sports <input type="checkbox"/> Fitness Instructor <input type="checkbox"/> Personal Trainer		
Check Which Type of Employment You Are Looking For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal (Summer Only)		
Please Indicate the Days and Hours Each Day That You are Available to work below:		
Sun	Mon	Tues
Wed	Thurs	Fri
Sat		

EMERGENCY CONTACTS

Name	Daytime Phone	Evening Phone	Address
(1)			
(2)			

EDUCATION INFORMATION

	School Name/Address	Course Study	# Years Completed	Degree/Diploma
High School				
College				
Graduate				
Other School				

EMPLOYMENT INFORMATION

Your resume may be attached but may **NOT** replace the information below. Please give complete answers and start with your present or most recent employer.

Employer Name	Phone
Address	Dates Employed (Month & Year) From: To:
Name of Immediate Supervisor	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving
Employer Name	Phone
Address	Dates Employed (Month & Year) From: To:
Name of Immediate Supervisor	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving
Employer Name	Phone
Address	Dates Employed (Month & Year) From: To:
Name of Immediate Supervisor	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving

REFERRAL INFORMATION

How were you referred to the YMCA? Employee Advertisement Drop-In Website Other_____

Name of referral source indicated above:_____

SPECIAL SKILLS & CERTIFICATIONS

List all current licenses, permits, certifications and level (CPR, First Aid, Lifeguarding, WSI, etc.) Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.

TYPE	ISSUING AGENCY	LEVEL	EXPIRATION

COMPUTER & OFFICE EQUIPMENT KNOWLEDGE

Do you know how to use a PC? Yes No Have you used and are you competent in the following software?
 Microsoft Windows Excel Word Publisher

Other word processing, spreadsheet, desktop publishing, or database management programs? Please Specify.

Which of the following you are familiar with: Copy Machine Facsimile Laminator 10-Key Multi-line Phone System
 Other Special Training or Skills which you consider relevant to performing the job sought?

PERSONAL REFERENCES

Please provide 3 personal references below who have known you for at least 3 years. **Do not include relatives or employers.**

NAME	ADDRESS	PHONE NUMBER

PROFESSIONAL REFERENCES

Please provide 3 professional references below (supervisors or co-workers from present and previous employers who have knowledge of your work). **Do not include relatives or current FF YMCA staff members.**

NAME	ADDRESS	PHONE NUMBER

VOLUNTEER EXPERIENCE List any volunteer work you consider relevant

Agency Name		Phone:
Address		Dates Volunteered: From: To
Contact Name:	Nature of Work Performed:	
Agency Name		Phone:
Address		Dates Volunteered: From: To
Contact Name:	Nature of Work Performed:	

APPLICANT STATEMENT / RELEASE

Please read each statement carefully, then initial in the box to the right.

		INITIAL
I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of employment, or may result in withdrawal of an offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is uncovered.		
I authorize the FFYMCA to secure information about my experience with former employers and personal references. I also authorize former employers and references to provide information concerning my experience and background, releasing all parties from any liability arising therefrom. I release the FFYMCA from any and all liability which might result from such an investigation.		
I authorize the FFYMCA to supply my employment record, in whole or in part, and in confidence to any prospective employer, government agency, or any other party with a legal and proper interest.		
If I am offered employment, I understand and agree that, if requested, I may be required to undergo an examination in regards to controlled substances. I agree to authorize the release of all results obtained from such an examination.		
I understand that prior to an offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing as well as post offer drug screening contingent on employment. I recognize that the result of these tests may be used to determine my employment or continued employment.		
I understand and expressly agree that, if employed by the FFYMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the FFYMCA without prior knowledge to me.		
I consent that photographs that may be taken of me by the FFYMCA are property of the FF YMCA and may be reproduced as the YMCA desires, free from any claim on my part.		
I understand that if employed, the relationship between the YMCA and me is employment-at-will , and therefore my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the FFYMCA, or myself, without liability or obligation expect for my regular pay through date of termination. Neither of the policies of the FFYMCA, nor any other written or verbal communication by a manager or director of the FFYMCA are intended to create a contract of employment or a warranty of benefits.		
I certify that if employed I will abide by all rules and regulations of the FFYMCA. I understand that, if employed, my compensation, hours of employment and all other terms and conditions of my employment are subject to modification or change by the FFYMCA at its discretion except that the FFYMCA will not modify its policy of employment-at-will.		
I understand that completion of this employment application does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application.		
I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.		
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 (unless an organized event by other groups), especially babysitting or inviting children to my home.		
I understand that the YMCA follows the Character Development values of Caring, Honesty, Respect & Responsibility and that, if hired, I will be expected to display and uphold these values during my employment with the YMCA.		
I do hereby certify that I have read the above statements and accept the same as a condition of my consideration for employment with the Fergus Falls Area Family YMCA. (Do not sign below until you have read and initialed the above statements)		
Signature of Applicant: _____ Date: _____		
Signature of Parent: _____ Date: _____ (if applicant is under 18 years of age)		
FOR HUMAN RESOURCE DEPT USE ONLY:		
Date received:	Referred to:	Dept:
Date contacted:	Date Interviewed:	If Hired, Date of Hire: