



# EMPLOYMENT APPLICATION

## Marshfield Area YMCA

410 W McMillan St  
Marshfield WI 54449

Phone: (715)387-4900

Fax: (715) 384-7085

Web Page: www.mfldymca.org

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All person hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment terminations.

### Personal Information

|   |      |  |     |
|---|------|--|-----|
| Applicant's Full Name (Last, First, Middle Initial)   |      | Social Security Number   |     |
| Present Address: Street   | City | State  | ZIP |
|   |      | Telephone<br>( )<br>( )  |     |
| E-Mail Address:   |      | Are you at least 18 years old? Yes ___ No ___<br>If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for & verification that you have obtained a valid work permit. |     |
| How did you hear about the open position? Please be specific.   |      |  |     |
| I would accept:<br>___ Full-time ___ Part-time ___ Summer ___ Temporary   |      | What hours are you available to work?<br>Date Available to Start Work _____  |     |
| Are there other names under which you have worked or attended school? ___ Yes ___ No<br>If yes, please list for reference checking purposes:  |      | Are you a citizen of the U.S. or legally authorized to work in the U.S.?<br>___ Yes ___ No   |     |
| Are you now or have you ever been employed by the Marshfield Area YMCA? ___ Yes ___ No<br>Are you now or have you ever been employed by any other YMCA? ___ Yes ___ No<br>If yes to either question, when, where, and in what capacity? |      | Do you have a relative presently employed in a supervisory capacity at the Marshfield Area YMCA? ___ Yes ___ No<br>If yes, please identify department:   |     |
| Are you able to perform the essential functions of the position for which you are applying? ___ Yes ___ No<br>If no, will you be able to perform the functions with an accommodation? ___ Yes ___ No                                    |      |  |     |
| Have you ever been convicted of a felony? ___ Yes ___ No If yes, what were you convicted of and when?   |      |  |     |
| (This information does not constitute an automatic disqualification for employment)   |      |  |     |

### Education

| Name & Address of School                  | Circle Last Year Completed | Did You Graduate?              | List Diploma Degree Or Course of Study |
|---|----------------------------|--------------------------------|--|
| High School                               | 1 2 3 4                    | ___ Yes (Year _____)<br>___ No |  |
| Vocational, Technical, Or Business School | 1 2 3 4                    | ___ Yes (Year _____)<br>___ No |  |
| College (Undergraduate)                   | 1 2 3 4                    | ___ Yes (Year _____)<br>___ No |  |
| College (Graduate)                        | 1 2 3 4                    | ___ Yes (Year _____)<br>___ No |  |
| Other (specify)                           | 1 2 3 4                    | ___ Yes (Year _____)<br>___ No |  |

## Professional Licenses/Certifications

| Type | State | Exp. Date | Registration |
|------|-------|-----------|--------------|
|      |       |           |              |
|      |       |           |              |
|      |       |           |              |

Please list any office equipment, business machines, computer software, and/or other relevant equipment that you are familiar with and can operate.

|  |
|--|
|  |
|  |

## Work History

Please list present or most recent positions first, followed by the next recent, etc. (Include all part-time jobs and military experience.)

|                                 |                    |      |               |  |                       |
|---------------------------------|--------------------|------|---------------|--|-----------------------|
| Company Name                    |                    |      | Employed From |  | to                    |
| Street Address                  |                    | City | State         | ZIP  | Telephone<br>(      ) |
| Job Title/Description of Duties |                    |      |               | Supervisor's name and title                              |                       |
| Wage - Final                    | Reason for Leaving |      |               | May we contact this employer?<br>_____ Yes      _____ No |                       |

|                                 |                    |      |               |  |                       |
|---------------------------------|--------------------|------|---------------|--|-----------------------|
| Company Name                    |                    |      | Employed From |  | to                    |
| Street Address                  |                    | City | State         | ZIP  | Telephone<br>(      ) |
| Job Title/Description of Duties |                    |      |               | Supervisor's name and title                              |                       |
| Wage - Final                    | Reason for Leaving |      |               | May we contact this employer?<br>_____ Yes      _____ No |                       |

|                                 |                    |      |               |  |                       |
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| Company Name                    |                    |      | Employed From |  | to                    |
| Street Address                  |                    | City | State         | ZIP  | Telephone<br>(      ) |
| Job Title/Description of Duties |                    |      |               | Supervisor's name and title                              |                       |
| Wage - Final                    | Reason for Leaving |      |               | May we contact this employer?<br>_____ Yes      _____ No |                       |

### Please List Other Employment Not Shown Before:

| Start Date | End Date | Name and Address of Employer | Type of Business | Position Held | Salary | Reason for Leaving |
|------------|----------|------------------------------|------------------|---------------|--------|--------------------|
|            |          |                              |                  |               |        |                    |
|            |          |                              |                  |               |        |                    |
|            |          |                              |                  |               |        |                    |

