



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# MARSHFIELD AREA YMCA Employment Application

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

Federal law prohibits the employment of unauthorized aliens. All persons 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)   |   |
| Present Address: Street _____ City _____ State _____ ZIP _____  | Telephone:<br>Day ( ) _____<br>Night ( ) _____  |
| E-Mail Address: _____   | Are you at least 18 years old? Yes ___ No ___ 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><br>Date Available to Start Work _____   |
| Are there other names under which you have worked or attended school?<br>___ Yes ___ No 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><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 | Course of Study/Degree Received |
|--------------------------|----------------------------|---------------------------------|
| High School              | 9 10 11 12                 |                                 |
| Junior College           | 1 2                        |                                 |
| College                  | 1 2 3 4                    |                                 |
| Graduate School          | 1 2 3 4                    |                                 |
| Business, Trade, Other   |                            |                                 |

## 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. Complete only if applicable to position sought.

|  |
|--|
|  |
|  |

## 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 |
| Job Title/Description of Duties |                    | Supervisor's name and title                            |           |
| Wage – Starting/Final           | Reason for Leaving | May we contact this employer?<br>____ Yes      ____ No |           |

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

## Work History continued

|                                 |  |                    |       |               |  |    |  |
|---------------------------------|--|--------------------|-------|---------------|--|----|--|
| Company Name                    |  |                    |       | Employed From |  | to |  |
| Street Address                  |  | City               | State | ZIP           | Telephone<br>(    )                                  |    |  |
| Job Title/Description of Duties |  |                    |       |               | Supervisor's name and title                          |    |  |
| Wage –<br>Starting/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 | Wage | Reason for Leaving |
|------------|----------|------------------------------|------------------|---------------|------|--------------------|
|            |          |                              |                  |               |      |                    |
|            |          |                              |                  |               |      |                    |
|            |          |                              |                  |               |      |                    |

## References

Please list references (not relatives or employers) to contact that are acquainted with your work history.

| Name | Title/Occupation | Company/Address | Phone Number |
|------|------------------|-----------------|--------------|
|      |                  |                 |              |
|      |                  |                 |              |
|      |                  |                 |              |

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. THE MARSHFIELD AREA YMCA IS AN EQUAL OPPORTUNITY EMPLOYER.

**Read the following carefully before signing**

### AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that the Marshfield Area YMCA shall not be held liable in any respect if my employment is terminated because of these false, incomplete, or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities, or persons to give the Marshfield Area YMCA any information requested regarding my employment, character, experience, qualifications, and/or suitability for employment with the Marshfield Area YMCA including but not limited to the check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the Marshfield Area YMCA. Refusal to participate will result in the withdrawal of any offer of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application