FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION

Thank you for your interest in The YMCA of Marquette County

The YMCA of Marquette County is an equal opportunity employer. We do not discriminate in the recruitment, hiring or conditions of employment on the basis of race, religion, color, national origin, citizenship, age, sex, marital status, parental status, handicap, political affiliation, height, weight or arrest record without conviction.

If you would like to join our team, please complete the application below for consideration.

- Print legibly.
- Complete all questions, do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the application.
- If you are a student, attach a copy of your schedule for the current or upcoming semester.

PERSONAL INFORMATION

Name _____ _____ _____
First Middle Last

Address _____ _____ _____ _____
Street City State Zip

Primary Phone _____ Email _____

Are you 18 years of age or older? (if not, you may be required to provide authorization to work) YES ☐ NO ☐

If hired, can you provide verification of your legal right to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a crime (misdemeanor or felony)? YES ☐ NO ☐
(A conviction will not necessarily bar employment. The nature, date, circumstance, and relevance to job duties will be considered.)

If yes, list the date and description of each offense.

_____

_____

_____

POSITION DESIRED

☐ Front Desk Member Service Representative ☐ Day Camp Coordinator ☐ Tot Watch Attendant
☐ Sports Coach ☐ Lifeguard ☐ Custodian ☐ Day Camp Counselor
☐ Swim Instructor ☐ Wellness Center Attendant ☐ Field House Attendant ☐ Assistant Teacher ☐ Lead Teacher
☐ Other (please specify) _____

Salary Desired: _____ # of Hours Desired: _____ Date Available to Start: _____

Location Desired: ☐ Marquette YMCA ☐ West End YMCA

Are there any days/hours you are not available to work? YES☐ NO☐ If yes, please list _____

_____

_____

_____

GENERAL

Have you ever applied at the YMCA before? YES☐ NO☐ If yes, where _____ when _____

Have you ever worked for the YMCA before? YES☐ NO☐ If yes, where _____ when _____

Explain why you want to work for the YMCA of Marquette County. If you desire a specific position, please explain why and list special skills you have in that area.

_____

_____

_____

_____

EDUCATION

	Name and Location	Years Attended	Graduated?	Main Area of Study
High School or GED				
College				
Other				

EMPLOYMENT HISTORY

1

Employer Name:	Dates of Employment: From_____ To_____
Address:	Phone:
Supervisor: (Name and Title)	Position Title:
Salary: Starting_____ Ending_____	Reason for Leaving:
Description of Position:	

2

Employer Name:	Dates of Employment: From_____ To_____
Address:	Phone:
Supervisor: (Name and Title)	Position Title:
Salary: Starting_____ Ending_____	Reason for Leaving:
Description of Position:	

3

Employer Name:	Dates of Employment: From_____ To_____
Address:	Phone:
Supervisor: (Name and Title)	Position Title:
Salary: Starting_____ Ending_____	Reason for Leaving:
Description of Position:	

REFERENCES *(Required: Please list 2 work/volunteer and 1 family member/personal reference)* Fourth reference optional

Name	Phone	Business	Relationship	Years Known	E-Mail
		N/A for Personal Reference			

May we contact your past employers? YES☐ NO☐

If you are currently working, may we contact your current employer? YES☐ NO☐ N/A☐

In the YMCA of Marquette County's effort to attract the highest quality staff, I have been advised that as a part of the applications process for employment with the YMCA of Marquette County, an extensive inquiry will be made concerning my prior employment, activities, and character. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for may result in immediate termination of employment or removal of my application from consideration. I authorize the YMCA 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 there from. I authorize the YMCA to secure a credit check and a criminal conviction history. If I am employed by the YMCA, I understand my employment can be terminated, with or without cause, at any time at the option of the YMCA or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Signature:_____ **Date:**_____