



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

APPLICATION FOR EMPLOYMENT

MISSION STATEMENT - The mission of the Montgomery County Family YMCA is to put Christian principles into practice through programs that build healthy body, mind, and spirit for all. We are an equal opportunity employer. The YMCA does not discriminate in hiring because of age, race, creed, color, national origin, sex or disability.

PLEASE PRINT

PERSONAL INFORMATION

DATE OF APPLICATION:			
NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY #
PRESENT ST. ADDRESS: #	STREET	CITY	STATE
ZIP CODE:	EMAIL:		
CONTACT PHONE # ()		ALTERNATE PHONE # ()	
Are you under 18? Yes ___ No ___ Are you over 21? Yes ___ No ___			
If under 18, can you provide a work permit? Yes ___ No ___ N/A ___			
Do you have a legal right to remain and work in the United States? (Proof of identity and authorization is required upon employment) Yes ___ No ___			
Do you have a valid driver's license in the state of Iowa? Yes ___ No ___			
Have you ever filed an application with the Montgomery County Family YMCA before? Yes ___ No ___			
If yes, give dates: _____			
Have you ever been convicted of a crime? (other than minor traffic violations) Yes ___ No ___			
Have you ever been convicted of a felony? Yes ___ No ___			
If yes, give dates and an explanation. _____			
Are you a registered sex offender? Yes ___ No ___			
Do you give the Montgomery County Family YMCA permission to conduct a criminal background check?			
Yes ___ No ___			

EMPLOYMENT DESIRED

Position(s) desired (if known): _____
or Type: Clerical ___ Assisting with Programs ___ Accountant ___ Program Director ___ Other ___
Any Training, Skills, qualifications, or other experiences that relate to the position(s) applied for?
Are you available to work? Full Time ___ Part Time ___ Seasonal ___ Days ___ Evenings ___
Times available: Before 8:00 a.m. ___ 8:00 am - 5:00 p.m. ___ 5:00 p.m. - 10:00 p.m. ___ Other _____
If part-time, please specify hours and days desired _____
Starting wage/salary desired: \$ _____ Date Available to Start Work _____

CERTIFICATIONS (Must supply proof of certifications upon employment)

Name of Certification	Issuing Organization	Type	Expiration Date
First Aid			
CPR			
WSI			
YSI			
Life Guarding			
Fitness			

Other Certifications (specify) _____ Dates _____

No. of Child Development Credits _____ School _____

FOR JOBS REQUIRING OFFICE MACHINE AND SOFTWARE SKILLS

How many words per minute do you type? _____

Check Skills/Equipment you have operated:

PC ___ Fax ___ Copy Machine ___ Laminator ___

Microsoft Programs: Word ___ Publisher ___ Excel ___ PowerPoint ___ Outlook ___

Adobe Programs: Photoshop ___ DreamWeaver ___ InDesign ___ Illustrator ___ Acrobat ___

Other: QuickBooks ___

Please list other Office Machine or Software Skills _____

PERSONAL REFERENCE CHECKS (Only one can be a family member)

1. Name: _____ Relationship: _____ Phone #: ___/___/___

Street Address: _____ City, State, Zip Code: _____

2. Name: _____ Relationship: _____ Phone #: ___/___/___

Street Address: _____ City, State, Zip Code: _____

3. Name: _____ Relationship: _____ Phone #: ___/___/___

Street Address: _____ City, State, Zip Code: _____

WORK HISTORY

- List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military experience and any periods of unemployment. If self-employed, give firm name and supply business references. Please give a complete summary of major duties; if you have a resume, please submit it with the application, but you must still complete this section.

Position: _____		
Name of Company: _____		
Street Address: _____		
City: _____		State: _____ Zip: _____
Supervisor: _____	Dates of Employment: _____	Pay: _____
_____	From: Mo. _____ Year _____	Starting \$ _____
May we contact? _____	To: Mo. _____ Year _____	Ending \$ _____
Telephone: () _____	Type of Business _____	Reason for Leaving: _____
Duties: _____		

Position: _____		
Name of Company: _____		
Street Address: _____		
City: _____		State: _____ Zip: _____
Supervisor: _____	Dates of Employment: _____	Pay: _____
_____	From: Mo. _____ Year _____	Starting \$ _____
May we contact? _____	To: Mo. _____ Year _____	Ending \$ _____
Telephone: () _____	Type of Business _____	Reason for Leaving: _____
Duties: _____		

Position: _____		
Name of Company: _____		
Street Address: _____		
City: _____		State: _____ Zip: _____
Supervisor: _____	Dates of Employment: _____	Pay: _____
_____	From: Mo. _____ Year _____	Starting \$ _____
May we contact? _____	To: Mo. _____ Year _____	Ending \$ _____
Telephone: () _____	Type of Business _____	Reason for Leaving: _____
Duties: _____		

SCHOOLS ATTENDED

Name of High School Attended: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Graduated: Yes___ or No___

Graduated: GED Yes___

=====

Name of College Attended: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Major: _____

Graduated: Diploma/Certificate___ Associates Degree___ Bachelors Degree___

I certify that all of the statements made by me in this application are true. I understand that should any statement be false, termination of my employment with Montgomery County Family YMCA may result. I hereby waive written notice from any former Employer who divulges a disciplinary report, letter of reprimand or other disciplinary action to the Montgomery County Family YMCA. By completing this application, you grant the YMCA permission to verify any and all information on this application, including performance at any prior place of employment.

I understand that if I am offered a job with the YMCA, I will be an at-will employee and my employment should be terminated with or without just cause at any time at the option of either the YMCA or myself. I understand that no person other than the Executive Director of the YMCA has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by both myself and the Executive Director of the YMCA.

Signature of Applicant

Date