



JOHN E. ALEXANDER
SOUTH WOOD COUNTY YMCA
 211 WISCONSIN RIVER DRIVE
 PORT EDWARDS, WI 54469

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Pay desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the SWC YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the SWC YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the SWC YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Computer Skills; Word, Excel, etc...				

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)				
Address (Include Street, City, State, Zip Code)						
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final				
Supervisor (Name & Title)						
Description of Job Duties						

EMPLOYMENT DATA CONTINUED

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to run a complete background check, 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 therefrom.

Initial

If employed by the YMCA I will abide by the SWC YMCA policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Company storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the Executive Director of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Executive Director of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. 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.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Date of Application

YMCA of _____ Summer Camp Supplemental Application

Name: _____ Day or Resident Camp: _____
 Phone: _____ Dates Available: _____
 Email: _____ Years of High School: _____
 Address: _____ Years of College: _____
 Street City Zip

1. Identify your skill and interest areas:
 (indicate: 1 – lots of skill and experience 2 – Some skill or experience 3 – Interested in learning)

Skills			Current Certifications
<input type="checkbox"/> Archery	<input type="checkbox"/> Group Games	<input type="checkbox"/> Pottery	<input type="checkbox"/> Lifeguard Certificate
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Basic First Aid
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/> Skateboarding / Rollerblade	<input type="checkbox"/> CPR
<input type="checkbox"/> Bilingual in: _____	<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> EMT
<input type="checkbox"/> Boating: Sailing/Canoe Raft	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Song Leading	<input type="checkbox"/> Water Safety Instructor
<input type="checkbox"/> Candle Making	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Star Gazing/Astronomy	<input type="checkbox"/> Boating: _____
<input type="checkbox"/> Climbing/Rockclimbing	<input type="checkbox"/> Juggling	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Windsurfing
<input type="checkbox"/> Clowning/Mime	<input type="checkbox"/> Lifeguarding	<input type="checkbox"/> Supervision of Children	<input type="checkbox"/> Archery
<input type="checkbox"/> Dancing	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Supervision of Adults	<input type="checkbox"/> Outdoor Living Skills
<input type="checkbox"/> Drama/Skits	<input type="checkbox"/> Nature Study	<input type="checkbox"/> Swimming	<input type="checkbox"/> Ropes Course Assembly
<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Needlecraft	<input type="checkbox"/> Tie Dyeing/Batik	<input type="checkbox"/> Bus Driving
<input type="checkbox"/> Environmental Education	<input type="checkbox"/> New Games	<input type="checkbox"/> Volleyball	_____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Weaving	Driver's License # & State
<input type="checkbox"/> Geology	<input type="checkbox"/> Patience	<input type="checkbox"/> Windsurfing	
<input type="checkbox"/> Golf	<input type="checkbox"/> Photography/Video	<input type="checkbox"/> Writing	

2. Do you have an age group preference? ___5-8 ___9-11 ___12-13

3. What program areas interest you and why?

4. What characteristics do you feel you can offer the Camp Program as a staff member?

5. What would you like to accomplish if selected to work at the YMCA of the East Bay Camp Program?

6. Personal References (people who can judge your qualifications for the position for which you have applied).

	Name	Phone	Relationship	Years Known
1		()		
2		()		
3		()		



YMCA of _____
Summer Camp Supplemental Application

