

OAHE FAMILY YMCA
900 E. Church St.
Pierre, SD 57501



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		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary 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 YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the 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		Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
	From	To			
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, i.e. Word, Excel, etc.			<input type="checkbox"/> Other machines requiring special skills:		

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						
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)						
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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 understand that my employment is contingent on the completion of a criminal history check and that the YMCA has the right to not hire or terminate my employment based on the findings of the background check.

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 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 all 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

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 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.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date

SUPPLEMENTAL SKILLS

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"/> Receptionist	<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"/> Camp Games	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Song Leading	<input type="checkbox"/> Water Safety Instructor
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Star Gazing/Astronomy	<input type="checkbox"/> Bloodborne Pathogens
<input type="checkbox"/> Climbing/Rockclimbing	<input type="checkbox"/> Juggling	<input type="checkbox"/> Storytelling	<input type="checkbox"/> AED
<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"/> Maintenance	<input type="checkbox"/> Supervision of Adults	<input type="checkbox"/> Outdoor Living Skills
<input type="checkbox"/> Drama/Skits	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Swimming	<input type="checkbox"/> Ropes Course
<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Needlecraft	<input type="checkbox"/> Tie Dyeing	<input type="checkbox"/> Teachers License
<input type="checkbox"/> Environmental Education	<input type="checkbox"/> New Games	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Fishing	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Weaving	_____
<input type="checkbox"/> Fitness	<input type="checkbox"/> Patience	<input type="checkbox"/> Windsurfing	_____
<input type="checkbox"/> Golf	<input type="checkbox"/> Photography/Video	<input type="checkbox"/> Writing	
Other skills			

2. Do you have an age group preference? 0-5 6-9 10-14 15-18 Adult Older Adult

3. What program areas interest you and why?

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