



# EMPLOYMENT APPLICATION

Bedell Family YMCA

P.O. Box 678

Okoboji, IA 51355

www.bedellfamilyymca.org

Phone: (712) 336-9622

Fax: (712) 336-2026

Website:

The Bedell Family YMCA is an equal opportunity employer where we welcome a diverse workforce.

## GENERAL INFORMATION

Name \_\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Street Address \_\_\_\_\_

E-Mail \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Present Phone \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Permanent Phone \_\_\_\_\_

Are you at least 18 years old?  Yes  No ~ if no, please provide your date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

*Person to be notified in case of emergency*

Have you ever been convicted of a crime (felony or misdemeanor)?  Yes  No

If yes, explain 1) the nature of the crime, 2) the date of conviction and 3) the state in which convicted.

*Please note that convictions are not an automatic bar to employment. However, failure to provide complete and accurate information relating to criminal convictions is cause for immediate termination. Employment is contingent upon the results of a criminal record check.*

1) \_\_\_\_\_

2) \_\_\_\_/\_\_\_\_/\_\_\_\_ 3) \_\_\_\_\_

## EMPLOYMENT DESIRED ~ Please indicate ALL departments you would like to be considered for.

- Aquatics
- Facility Services
- Youth Sports
- Family Programming
- Member Services
- Health & Fitness
- Youth/Teen Recreation
- other \_\_\_\_\_
- Drop-Off Childcare
- School Age Childcare
- Active Older Adults

Specific Position(s) applying for \_\_\_\_\_

Availability Please mark all that apply

- Part-time
- Full-time

Year-round    summer    School-Year (*attach schedule*)

Date you can begin \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you applied here before?    Yes    No   If yes, when? \_\_\_\_\_

Have you been an employee or a volunteer here?    Yes    No   If yes, when? \_\_\_\_\_

## EDUCATION & CERTIFICATIONS

| Type of School    | Name, City & State | Years Completed | Graduated | Diploma, Degree, Course of Study |
|-------------------|--------------------|-----------------|-----------|----------------------------------|
| High School       |                    |                 |           |                                  |
| College           |                    |                 |           |                                  |
| Post Graduate     |                    |                 |           |                                  |
| Business or Trade |                    |                 |           |                                  |

Lifeguard Certification ~ Type \_\_\_\_\_ ~ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CPR Certification ~ Type \_\_\_\_\_ ~ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

First Aid Certification ~ Type \_\_\_\_\_ ~ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

other ~ Type \_\_\_\_\_ ~ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## INTERESTS & QUALIFICATIONS

Please explain why you want to work for the Bedell Family YMCA.

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Please explain why you are interested in the specific position(s) you are applying for.

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Please explain what makes you feel you are qualified for the specific position(s) are applying for.

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**EMPLOYMENT EXPERIENCE** ~ *Please list employers in chronological order with most recent first, and include military service assignments and volunteer activities.*

|          |                 |                |
|----------|-----------------|----------------|
| Employer | Telephone       | Dates Employed |
| Address  | City, State Zip |                |

|                    |                 |              |
|--------------------|-----------------|--------------|
| Job Title          | Wage – Starting | Wage – Final |
| Work Performed     | Supervisor      |              |
| Reason for Leaving | May we contact? |              |

## EMPLOYMENT EXPERIENCE CONTINUED

|                    |                 |                |
|--------------------|-----------------|----------------|
| Employer           | Telephone       | Dates Employed |
| Address            | City, State Zip |                |
| Job Title          | Wage – Starting | Wage – Final   |
| Work Performed     | Supervisor      |                |
| Reason for Leaving | May we contact? |                |

|                    |                 |                |
|--------------------|-----------------|----------------|
| Employer           | Telephone       | Dates Employed |
| Address            | City, State Zip |                |
| Job Title          | Wage – Starting | Wage – Final   |
| Work Performed     | Supervisor      |                |
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| Employer           | Telephone       | Dates Employed |
| Address            | City, State Zip |                |
| Job Title          | Wage – Starting | Wage – Final   |
| Work Performed     | Supervisor      |                |
| Reason for Leaving | May we contact? |                |

## REFERENCES ~ Please list three adults not related to you, whom you have known for at least one year.

|            |                 |                   |
|------------|-----------------|-------------------|
| Name       | Day Telephone   | Evening Telephone |
| Address    | City, State Zip |                   |
| Occupation | Years Known     |                   |

|            |                 |                   |
|------------|-----------------|-------------------|
| Name       | Day Telephone   | Evening Telephone |
| Address    | City, State Zip |                   |
| Occupation | Years Known     |                   |

|            |                 |                   |
|------------|-----------------|-------------------|
| Name       | Day Telephone   | Evening Telephone |
| Address    | City, State Zip |                   |
| Occupation | Years Known     |                   |

## APPLICATION PROCESS & POLICY

In accordance with our policy to recruit and hire on an equal opportunity basis without regard to race, creed, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other characteristics protected by law, the Bedell Family YMCA adheres to the following job applicant policies and procedures:

1. Applications may be submitted in person, mailed, faxed, or electronically mailed.
2. Resumes must be accompanied by this completed Employment Application.
3. Incomplete applications will not be accepted.
4. At times we may limit the number of accepted applications for highly solicited positions on a first-come, first-served basis. The number of applications accepted will be determined by the position.
5. Applications will be considered as active for four calendar months following the original application date.
6. Only accepted applications that are considered active will be forwarded to the hiring Director(s).
7. Accepted, active applications for open positions will be forwarded to the hiring Director(s) for consideration and interview scheduling.

## STATEMENT OF APPLICANT ~ *Please read this carefully before signing this form*

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Bedell Family YMCA to investigate my background and responses on this application and to contact present and former employers (except as indicated) or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me, or my employment.
3. Regardless of whether or not I become employed by the Bedell Family YMCA, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Bedell Family YMCA is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or at the option of the Bedell Family YMCA.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**