



EMPLOYMENT APPLICATION

YMCA OF THE OKOBOJI'S

Bedell Family YMCA
1900 41st Street

Phone: (712) 336-9622
Fax: (712) 336-9627

Spirit Lake, IA 51360
www.okobojimca.com

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

GENERAL INFORMATION

First _____ MI _____ Last _____

Application Date ____/____/____

Street Address _____

E-Mail _____

City, State, Zip _____

Phone _____

Date of birth ____/____/____*

Social Security Number ____ - ____ - ____*

* This information will be used to obtain a background check.

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.

- | | | |
|---|--|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Member Services | <input type="checkbox"/> Drop-Off Childcare |
| <input type="checkbox"/> Facility Services | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> School Age Childcare |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Youth/Teen Recreation | <input type="checkbox"/> Active Older Adults |
| <input type="checkbox"/> Family Programming | <input type="checkbox"/> other _____ | |

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 _____

Expiration Date ___/___/___

CPR Certification _____

Expiration Date ___/___/___

First Aid Certification _____

Expiration Date ___/___/___

Other ~ Type _____

Expiration Date ___/___/___

INTERESTS & QUALIFICATIONS

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

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

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

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-Duties	Supervisor	
Reason for Leaving	May we contact?	
Additional Information:		

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

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

REFERENCES

Please list two adults not related to you, whom you have known for at least one year.

Name	Day Telephone	Alternate Telephone
Address	City, State Zip	
Occupation	Years Known	

Name	Day Telephone	Alternate 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