



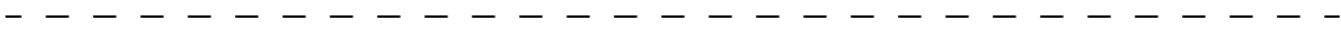
Dear Applicant;

We appreciate your interest in employment at The Marshall Area YMCA. Although positions are not always readily available at the YMCA, we welcome the opportunity to look at your qualifications and experience.

We realize you may not know all of the potential positions at our facility. Please use the bottom portion of this page to indicate the areas of interest you may have. Feel free to check more than one area of interest. This will help us in our screening process to get your application to the correct person(s).

Due to the high volume of unsolicited applications we receive, we are unable to respond to all applicants. You will only receive a response if your application was solicited by an advertisement (please indicate below) or if we are interested in further information or speaking with you.

Thank you again for your interest in The Marshall Area YMCA, where we build strong kids, strong families, strong communities.



I am interested in the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Service Center (Receptionist) | <input type="checkbox"/> Fitness Center |
| <input type="checkbox"/> Child Watch | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Preschool Sports | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Teen Programs | <input type="checkbox"/> After School Programs |
| <input type="checkbox"/> Preschool Programs | <input type="checkbox"/> Older Adult Programs |
| <input type="checkbox"/> Lifeguard (must currently be a certified guard) | <input type="checkbox"/> Pool Slide Attendant |
| <input type="checkbox"/> Swim Instructor | <input type="checkbox"/> Water Aerobics Instructor |
| <input type="checkbox"/> Aerobics Instructor | <input type="checkbox"/> Gymnastics Instructor |
| <input type="checkbox"/> School's Out Camp | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Birthday Party Host | <input type="checkbox"/> General Office Work |
| <input type="checkbox"/> School Age Recreation Activities | <input type="checkbox"/> Custodial |

I am responding to an advertisement from _____

MARSHALL AREA YMCA

200 S. A Street, Marshall, MN 56258

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 Company 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:	
E-MAIL 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.)		

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

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		
Please refer to the attached job listing 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:		
Have you ever applied at this YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by this YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to this 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					
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"/> Typing _____ WPM	Computer Skills, i.e. Microsoft Word, Excel, etc.		<input type="checkbox"/> Other machines requiring special skills:		
Please list any other certifications or training you have (Example: CPR, First Aid)					

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)			
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			
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

PLEASE LIST 3 PERSONAL REFERENCES, AND 1 FAMILY MEMBER AS A REFERENCE THAT 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 Company is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application including conducting a criminal background check. 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 Company 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 Company I will abide by Company 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 offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. 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 Company without prior notice to me.

Initial

Employment with the YMCA is **employment-at-will**. "Employment at will" means that employees may end their employment at any time for any reason; and that the employer (the YMCA) may terminate employees at any time for any legal reason, with or without cause.

Initial

Authority to Release Information

I understand that in processing my application with Marshall Area YMCA, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless Marshall Area YMCA, and its agent Verified Credentials, Inc. from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. I may also obtain a copy of this report by checking the "YES" box at the bottom of this disclosure.

I agree that any decision to hire me is contingent upon the results of my report, and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

Would you like a copy of your report? Yes No

LAST NAME	FIRST NAME	MIDDLE NAME
OTHER NAMES USED		DATE OF CHANGE

I. STREET ADDRESS

CITY	STATE	ZIP CODE
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PLEASE LIST THE CITIES AND STATES YOU HAVE LIVED IN WITH DATES, IF THE ABOVE ADDRESS DOES NOT ENCOMPASS 7 YEARS.

CITY & STATE: _____ **FROM:** _____ **TO:** _____

CITY & STATE: _____ **FROM:** _____ **TO:** _____

CITY & STATE: _____ **FROM:** _____ **TO:** _____

II. SOCIAL SECURITY NUMBER	DATE OF BIRTH (For Background Check ID)
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III. DRIVERS LICENSE NUMBER	STATE ISSUED
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I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION WOULD BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

SIGNATURE	DATE
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Parental Signature if under 18 years old	DATE
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Director/ Supervisor Submitted:

Date Submitted:

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