



APPLICATION FOR EMPLOYMENT

With the Billings Family YMCA
Please complete all requested information

Name: _____ Position applying for: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Message Phone: _____

E-mail: _____

Type of employment desired: Full-time Part-time Temporary Seasonal Shift Desired: _____

Do you need any accommodation to participate in the application or interview process?
 Yes No

Have you ever been convicted of a felony? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, OR DISABILITY.

Are you legally eligible for employment in the United States? Yes No

EDUCATION

CHECK HIGHEST SCHOOL YEAR COMPLETED

- 8 9 10 11 12 13 14 15 16 17 18 19
 AA BA MA Ph.D.

Name of school beyond High School _____

Training Length _____ Date Completed _____

Major _____ Vocational Training _____

Skills and Qualifications. Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EMPLOYMENT

Company Name _____ Address _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Phone # _____

Reason for leaving _____ Who to Contact: _____

Company Name _____ Address _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____ ! ____ ! ____ End ____ ! ____ ! ____ Phone# _____

Reason for leaving _____ Who to Contact: _____

Company Name _____ Address _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____ / ____ / ____ End ____ / ____ / ____ Phone# _____

Reason for leaving _____ Who to Contact: _____

ADDITIONAL INFORMATION

Summary of work or volunteer history or additional information (Such as special skills, licenses, etc.) _____

Have you ever worked at a YMCA? Yes No If yes, City: _____ State: _____

References (Please provide one family member and two names of persons not related to you, these people would be familiar with your knowledge, skills and abilities)

<u>Name</u>	<u>Phone#</u>
_____	_____
_____	_____
_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the **Billings Family YMCA**. is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from your company, whenever it is discovered.

I expressly authorize the **Billings Family YMCA**, and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the **Billings Family YMCA** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the **Billings Family YMCA**, does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that the Billings Family YMCA has a zero tolerance standard for child abuse and inappropriate behavior by staff members. I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: ____ / ____ / ____ Signature: _____