



# 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 experience 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)

Name Phone #

### 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: \_\_\_\_\_