Application for Employment

SOUTHWESTERN MONTANA FAMILY YMCA, INC.

An Equal Opportunity Employer
75 Swenson Way
Dillon, MT 59725
Phone (406) 683-9622
Fax (406) 683-9620

We build strong kids,
strong families, strong communities

Personal Background

Name: _____ Today's Date _____
Last First Middle Initial

Address: _____
Street City State Zip

Home/Cell Phone: (_____) _____ Business Phone: (_____) _____

Email address: _____

OFFICE USE ONLY:

Date Application Received: _____ By: _____

Personal Background (cont.)

Please attach your resume if one is available. If you supply a resume you are still required to complete this application in its entirely.

Position(s) applying for: _____

Wages or Salary desired: _____ If hired when would you be available to start? _____

Have you worked for the YMCA before? Yes No If Yes, give dates and location: _____

What days and hours are you available to work? _____

Are you applying for: ☐ Regular Employment ☐ Seasonal Employment ☐ Temp. Employment

Please check one of the following:

☐Part Time ☐Full Time Are you willing to work overtime if necessary? ☐Yes ☐No

Please answer the questions only after reviewing the job description of the job applied for:

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act (ADA), the YMCA seeks reasonable accommodation measures for applicants employees to perform essential functions. ☐Yes ☐No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐Yes ☐No

If yes, please attach an explanation providing the nature of the crime(s), when and where convicted and the dispositions of the case. Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. If you have any questions, please contact Human Resources at (406)683-YMCA (683-9622).

Educational Background

☐PhD ☐Master's Degree ☐Bachelor's Degree ☐Associate's Degree ☐Some College
☐High School Diploma
☐G.E.D. or HS Equivalency Certificate ☐No diploma (list highest grade completed)_____

List colleges, Universities or any schools(s) attended	Address, City, State	Years Completed	Did you Graduate?	Area of Study (major, minor)

In addition to your work history (see next page), and in relation to the position you are applying for, what other experiences or skills qualify you for employment at the SOUTHWESTERN MONTANA FAMILY YMCA?
Please list any professional certification(s) applicable to the job applied for: _____
_____
_____

Work History *(Resume does not replace completion of this page)*

Are you currently employed? ☐Yes ☐No
If Yes, may we contact your current employer? ☐Yes ☐No

Most Recent Employer _____

Address_____ Telephone _____

Date Started _____ Starting Salary _____ per ___ Starting Position_____

Date Left _____ Ending Salary _____ per _____ Position on Leaving _____

Name and Title of Supervisor _____

Description of Duties _____

_____

Reason for Leaving _____
_____

Previous Employer _____

Address _____ Telephone _____

Date Started _____ Starting Salary _____ per _____ Starting Position_____

Date Left _____ Ending Salary _____ per _____ Position on Leaving _____

Name and Title of Supervisor _____

Description of Duties _____

_____

Reason for Leaving _____

_____

Previous Employer _____

Address _____ Telephone _____

Date Started _____ Starting Salary _____ per _____ Starting Position_____

Date Left _____ Ending Salary _____ per _____ Position on Leaving _____

Name and Title of Supervisor _____

Description of Duties _____

_____

Reason for Leaving _____

_____

Please provide information of three people who have knowledge of your work performance within the past three years.

Professional References

Name _____ Employer _____

Title _____ Business Telephone _____

Business Address _____ Number of years acquainted _____

Name _____ Employer _____

Title _____ Business Telephone _____

Business Address _____ Number of years acquainted _____

Name _____ Employer _____

Title _____ Business Telephone _____

Business Address _____ Number of years acquainted _____

It is the policy of the SOUTHWESTERN MONTANA FAMILY YMCA, Inc. to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, creed, sex, marital status, pregnancy, age, national origin, ancestry, sexual orientation, disability, medical condition, or any other consideration deemed unlawful.

Applicant's Certification and Agreement

Initial each portion and sign below

_____ I CERTIFY than the statements made by me in this application are true, complete, correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that any misstatements or omission of material fact(s) may be grounds for the rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I **AUTHORIZE** the SOUTHWESTERN MONTANA FAMILY YMCA, Inc. the right to contact and obtain information from all references, employers, educational institutions, and law enforcement agencies, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the SOUTHWESTERN MONTANA FAMILY YMCA, Inc. and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing and disclosing such information.

_____ This application is current for only 60 days. At the conclusion of this time, if I have not heard from the YMCA and still wish to be considered for employment, it will be necessary to complete a new application.

_____ This application does not constitute an agreement or contract for employment for any special period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances much be in writing and signed by an authorized officer.

_____ I understand it is the YMCA's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodations as required by the ADA or any other applicable laws.

_____ I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. If I am hired to work, I will be required to be fingerprinted and screened for previous convictions.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant's Signature _____ Date _____

Applicant's PRINTED NAME _____