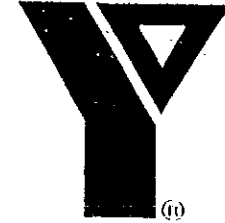


APPLICATION FOR EMPLOYMENT
YMCA OF DODGE COUNTY
220 Corporate Dr.
BEAVER DAM, WI 53916
920-887-8811

YMCA MISSION
THE YMCA OF DODGE COUNTY IS A CHARITABLE
ASSOCIATION FOUNDED ON CHRISTIAN
PRINCIPLES OPEN TO ALL AND DEDICATED TO
BUILDING A HEALTHY SPIRIT, MIND AND BODY
THROUGH



NAME _____
LAST FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER DATE

PRESENT ADDRESS _____
NUMBER STREET CITY STATE ZIP

TELEPHONE # () _____ AGE (IF UNDER 18) _____ DATE OF BIRTH (IF UNDER 18) _____

JOB(S) APPLIED FOR _____
FIRST CHOICE SECOND CHOICE

WILL YOU ACCEPT ___ WEEKEND WORK ___ FULL TIME WORK ___ EVENING WORK ___ PART TIME WORK ___ ANY

LIST DAYS AND HOURS AVAILABLE FOR WORK _____

HOW DID YOU LEARN OF THIS OPENING? _____

NAME/RELATIONSHIP OF ANY RELATIVES WORKING FOR THIS YMCA _____

HAVE YOU BEEN PAID TO WORK FOR THIS YMCA BEFORE? ___ YES ___ NO
IF YES, WHEN? _____ WHERE? _____

IF HIRED, DATE YOU WILL BE AVAILABLE TO START _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ___ YES ___ NO

THE YMCA OF DODGE COUNTY HIRES ONLY UNITED STATES CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK

WORK HISTORY (PAID AND UNPAID) PLEASE START WITH THE MOST RECENT EMPLOYMENT

ARE YOU PRESENTLY EMPLOYED? YES NO IF YES, CURRENT WORK SCHEDULE _____

IF YOU WISH TO INCLUDE ADDITIONAL INFORMATION, CHECK HERE AND ATTACH.

DATES FROM/TO	POSITION HELD	SUPERVISOR'S NAME COMPANY NAME/ADDRESS	START PAYRATE	FINISH PAYRATE	REASON FOR LEAVING	TYPE OF WORK	REFERENCE YES/NO

REFERENCES - BUSINESS/PERSONAL (MINIMUM OF 2 REFERENCES REQUIRED)

NAME, ADDRESS, PHONE NUMBER	RELATIONSHIP TO APPLICANT	BUSINESS/ORGANIZATION

TYPE OF SCHOOL	NAME AND ADDRESS	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
HIGH SCHOOL			{ } YES { } NO	
COLLEGE			{ } YES { } NO	
POST GRADUATE			{ } YES { } NO	
BUSINESS OR TRADE			{ } YES { } NO	

IN THE UNITED STATES.

CLERICAL APPLICANTS

DO YOU TYPE? ___ YES ___ NO WORDS PER MINUTE _____

LIST ANY OFFICE MACHINES YOU OPERATE OR COMPUTER EXPERIENCE YOU HAVE:

OTHER SKILLS:

OTHER QUALIFYING FACTORS

TYPES OF CERTIFICATIONS: I.E. CPR, FIRST AID. PROOF OF CERTIFICATION MAY BE REQUIRED PRIOR TO EMPLOYMENT.

<u>TYPE</u>	<u>DATE RECEIVED</u>	<u>EXPIRATION DATE</u>

INDICATE, WITH DATES, ANY OTHER EXTRACURRICULAR AND/OR VOLUNTEER ACTIVITIES YOU HAVE BEEN OR ARE NOW ENGAGED IN RELATING TO THE POSITION APPLIES FOR.

BRIEFLY DESCRIBE WHAT MAKES YOU FEEL QUALIFIED TO BE SELECTED TO FILL THE POSITION YOU ARE APPLYING FOR.

SIGNED PERSONAL STATEMENT

I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN THIS EMPLOYMENT APPLICATION IS TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF ANY FACTS MAY RENDER THIS APPLICATION VOID, OR IF EMPLOYED, MAY BE CAUSE FOR TERMINATION OF EMPLOYMENT WITH THE YMCA OF BEAVER DAM. I FURTHER UNDERSTAND AND AGREE THAT THE FILLING OUT OF THIS APPLICATION DOES NOT OBLIGATE THE YMCA TO OFFER ME A JOB, OR OBLIGATE ME TO ACCEPT A JOB. IF HIRED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS AT WILL AND CAN BE TERMINATED WITH OR WITHOUT REASON OR NOTICE BY ME OR THE YMCA. I UNDERSTAND THAT NO YMCA REPRESENTATIVE HAS ANY AUTHORITY TO MAKE ANY ARRANGEMENT TO THE CONTRARY.

I FULL CONSENT TO AND AUTHORIZE THE YMCA TO MAKE INQUIRY AND TO PERFORM REFERENCE CHECKS CONCERNING MY PRIOR EMPLOYMENT, EDUCATION, CHARACTER, QUALIFICATIONS, EXPERIENCE AND BACKGROUND. IN ADDITION, THE YMCA MAY OBTAIN A COPY OF MY DRIVING RECORD IF MY POSITION REQUIRES ME TO OPERATE A VEHICLE. I UNDERSTAND THAT THIS STATEMENT WILL SERVE AS WRITTEN AUTHORIZATION FOR THE YMCA TO MAKE SUCH INQUIRIES. IN ADDITION, I WILL PROVIDE A NOTARIZED BACKGROUND VERIFICATION FORM. I UNDERSTAND THAT IT IS THE YMCA'S POLICY TO SECURE CRIMINAL CONVICTION HISTORY INFORMATION AND THAT MY CONTINUED EMPLOYMENT IS CONTINGENT UPON AN ACCEPTABLE CRIMINAL HISTORY BACKGROUND CHECK. I HEREBY WAIVE AN RIGHT TO CLAIM THAT ANY REQUEST OR INVESTIGATION IS AN INVASION OF MY PRIVACY SINCE THEY ARE MADE WITH MY CONSENT. I HEREBY RELEASE SAID COMPANIES, SCHOOLS, OR PERSONS FROM ALL LIABILITY FOR ANY DAMAGE FOR PROVIDING INFORMATION AS SPECIFIED HEREIN.

I UNDERSTAND THAT THE YMCA DOES NOT CONDONE CHILD ABUSE IN ANY FORM AND THAT THE YMCA WILL BE SEEKING INFORMATION IN MY BACKGROUND RELATED TO CHILD ABUSE. I UNDERSTAND THAT ANY DOCUMENTED ALLEGATIONS OF PAST INCIDENTS OF CHILD ABUSE MAY ELIMINATE ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT WITH THE YMCA. I ALSO UNDERSTAND THAT IN ANY EVENT OF MY EMPLOYMENT, THE YMCA WILL TAKE ANY ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE SERIOUSLY AND WILL REPORT SUCH ALLEGATIONS TO THE POLICE AND STATE AGENCIES FOR INVESTIGATION.

IN THE EVENT OF MY EMPLOYMENT BY THE YMCA, I WILL COMPLY WITH ALL POLICIES SET FORTH IN THE PERSONNEL HANDBOOK AND WITH OTHER POLICIES ESTABLISHED BY THE ORGANIZATION.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND THAT I VOLUNTARILY SIGN THIS APPLICATION.

SIGNATURE OF APPLICANT

DATE