



**Norm Waitt Sr. YMCA
APPLICATION FOR EMPLOYMENT**

Mission Statement: To put Christian principals into practice through programs that build healthy spirit, mind and body for all.

The Norm Waitt Sr. YMCA is 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 Norm Waitt Sr. YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

PERSONAL INFORMATION

NAME: <i>First Middle Last</i> (Please PRINT)	Social Security No. (Not required)	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Other Telephone No.
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous 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		
Have you <u>ever</u> been convicted of a felony, and/or for child abuse or sex-related crimes? A conviction will not necessarily disqualify you. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:		
Do you currently have a valid driver's license?		
Are you proficient in speaking and/or writing any language other than English? If so, please describe:		

EMPLOYMENT DESIRED

Type of POSITION desired: Full time or Part time?	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		
Have you ever applied at the Norm Waitt Sr. YMCA or the Siouxland Y before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the Norm Waitt Sr. YMCA or the Siouxland Y before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when, and what department?	
How were you referred to the Norm Waitt Sr. 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)		
Do you have relatives or friends working for the Y? Yes No If yes, please list.		
Are there any reasons why you would be unable to perform safely, with reasonable accommodation, any of the duties of the position for which you are applying?		

U.S. MILITARY SERVICE DATA

Branch:	Year(s):
List Special Training or Skills learned in the military:	

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate? (Yes/No)	What Degree
High School or GED				
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.				
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.				

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		PERSONNEL USE ONLY
Company Name	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)	Telephone Number	
Job Title	Base Rate of Pay Start _____ Final _____	Hourly or Salary? _____
Supervisor (Name & Title)	Reason for leaving	
Description of Job Duties		
Company Name	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)	Telephone Number	
Job Title	Base Rate of Pay Start _____ Final _____	Hourly or Salary? _____
Supervisor (Name & Title)	Reason for leaving	
Description of Job Duties		

Company Name	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)	Telephone Number	
Job Title	Base Rate of Pay Start _____ Final _____	Hourly or Salary? _____
Supervisor (Name & Title)	Reason for Leaving	
Description of Job Duties		

REFERENCE DATA

PROFESSIONAL WORK and PERSONAL REFERENCES WE MAY CONTACT
Do not list supervisor's names *already written* in Employment Data above

Name	Relationship to self	Area Code - Phone

PRE-EMPLOYMENT CERTIFICATION

I authorize investigation of all statements contained in this application. 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 Norm Waitt Sr. YMCA 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 I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Norm Waitt Sr. YMCA'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 Norm Waitt Sr. YMCA. I recognize that the results of these tests may be used to determine my employment, or continued employment.

Initial

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 Norm Waitt Sr. YMCA concerning the nature of my employment, if any, by the Norm Waitt Sr. YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Norm Waitt Sr. YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Norm Waitt Sr. YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

Return application to:

**Norm Waitt Sr. YMCA
601 Riverview Drive
So. Sioux City, NE 68776
Telephone number: 402-404-8439**

FOR OFFICE USE ONLY

This box to be used for interview notes. Reference checks form is on the next page. (Attach separate paperwork, if needed.)

Interviewer's Signature

Date

FOR OFFICE USE ONLY