



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position(s) Applied For	Date of Application

How Did You Learn About Us (Check all that apply)			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative		

Last Name			First Name			Middle Name		
Current Address				Permanent Address				
City	State	Zip	City	State	Zip	City	State	Zip
E-mail address						Social Security Number (voluntary)		
Telephone Number (s)								
Home	Cell	Work	Work	Work	Work	Work	Work	Work

Best time to reach you at home is between: _____ and _____ AM PM

If you are under 16 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? If yes: Date ____ / ____ / ____ YES NO

Have you ever been employed with us before? If yes: Date ____ / ____ / ____ YES NO

Do any of your friends or relatives, other than spouse work here? YES NO

If Yes: state name, relationship and location:

Are you currently employed: YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Date Available for Work	What is Your Desired Salary Range

Are You Available to Work:								
Full Time	<input type="checkbox"/>	Shift	<input type="checkbox"/>	1 st	<input type="checkbox"/>	2 nd	<input type="checkbox"/>	3 rd
Part Time	<input type="checkbox"/>	Hours	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoons	<input type="checkbox"/>	Evenings
Temporary	<input type="checkbox"/>	Dates Available	<input type="checkbox"/>	/ /	<input type="checkbox"/>	to	<input type="checkbox"/>	/ /

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you been convicted of a felony within the last 7 years? YES NO

If yes: Explain:

WE ARE AND EQUAL OPPORTUNITY EMPLOYER

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate: College				
Graduate/Professional				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor	May We Contact?		
	Yes	No	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor	May We Contact?		
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Reason for Leaving			
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	From	To	
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Starting/Present Job Title			
Supervisor	May We Contact?		
	Yes	No	
Reason for Leaving			

Continue work experience on another sheet of paper if necessary.

Comments: Include explanation of any gaps in employment:

Describe any specialized training, apprenticeships, skills, and extra-curricular activities

Describe any job-related training received in the United States Military

List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

Additional Information

Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experiences</i>

Specialized Skills (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheets	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM <input type="text"/>	WPM <input type="text"/>	_____	_____
<i>State any additional information you feel may be helpful to us in considering your application.</i>			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.			
Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes		No

Personal/Professional References Please include at least one family member.

	Name	Phone Number	Email	Occupation
1				
2				
3				

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with this organizations are of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Oshkosh Community YMCA
324 Washington Avenue, Oshkosh WI 54901
(920) 236-3380 Fax (920) 236-3402

Signature of Applicant

Date

Additional Work Experience

Employer	Dates Employed		Work Performed
	From	To	
Address			
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