

# SOUTHWESTERN MONTANA FAMILY YMCA, INC.

*An Equal Opportunity Employer*

## Application for Employment

SOUTHWESTERN MONTANA FAMILY YMCA, Inc.

75 Swenson Way

PO Box 66

Dillon, MT 59725

(406) 683-9622

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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 entirety.

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  Temporary 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 _____   |
| 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 _____   |

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 \_\_\_\_\_

**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 that 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 must 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 \_\_\_\_\_