



NORTHERN LIGHTS YMCA
 2001 North Lincoln Road
 Escanaba, Michigan 49829
 P (906)789-0005
 F (906)789-6330
 www.nlymca.com

Northern lights YMCA is an equal opportunity employer, we welcome a diverse workforce.

EMPLOYMENT APPLICATION

GENERAL INFORMATION

Name _____

Application Date _____

Present Address _____

E-Mail _____

City _____ State _____ ZIP _____

Present phone _____

Permanent Address _____

Permanent phone _____

City _____ State _____ ZIP _____

Are you at least 18 years old? Yes No If no, please provide your date of birth _____

Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

If yes, explain 1) The nature of the crime 2) The date of the conviction and 3) The state in which convicted.

Please note that convictions are not an automatic bar to employment. However, failure to provide complete and accurate information related to criminal convictions is cause for immediate termination. Employment is contingent upon the results of a criminal record check.

1) _____

2) _____ 3) _____

AREA OF EMPLOYMENT DESIRED

- Health & Fitness
- Finance/Accounting
- Youth/Teen Recreation
- Youth Sports
- Customer Service
- Child Care
- Aquatics
- Facility Services
- Camp

Specific position(s) applying for _____

AVAILABILITY

Please check all that apply.

- Part-time Full-time Year-round Summer School year

Show all availability in the table below.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Date you can begin _____

Have you applied here before? Yes No If yes, when? _____

Have you ever been an employee or volunteer? Yes No If yes, when? _____

EDUCATION & CERTIFICATIONS

TYPE OF SCHOOL	NAME, CITY & STATE	YEARS COMPLETED	GRADUATED	MAJOR COURSE OF STUDY

- Lifeguard certification Type _____ Expiration Date _____
- CPR certification Type _____ Expiration Date _____
- First Aid certification Type _____ Expiration Date _____
- Other Type _____ Expiration Date _____

INTERESTS & QUALIFICATIONS

Please explain why you want to work for the Northern Lights YMCA. _____

Please explain why you are interested in the specific position(s) you are applying for. _____

Please explain what makes you feel you are qualified for the specific position(s) you are applying for. _____

EMPLOYMENT EXPERIENCE

Please list employers in chronological order with most recent first, and include military service assignments and volunteer activities.

Employer	Telephone	Dates employed
Address	City, State, Zip	
Job Title	Starting Wage	Ending wage
Work performed	Supervisor	
Reason for leaving	May we contact?	

EMPLOYMENT EXPERIENCE CONTINUED

Employer	Telephone	Dates employed
Address	City, State, Zip	
Job Title	Starting Wage	Ending wage
Work performed		Supervisor
Reason for leaving		May we contact?

Employer	Telephone	Dates employed
Address	City, State, Zip	
Job Title	Starting Wage	Ending wage
Work performed		Supervisor
Reason for leaving		May we contact?

REFERENCES please list three persons, whom you have known for at least one year. Please include one relative.

Name	Day telephone	Evening telephone
Address	City, State, Zip	
Occupation/Relationship		Years known

Name	Day telephone	Evening telephone
Address	City, State, Zip	
Occupation/Relationship		Years known

Name	Day telephone	Evening telephone
Address	City, State, Zip	
Occupation/Relationship		Years known

APPLICATION PROCESS POLICY

In accordance with our policy to recruit and hire on an equal opportunity basis without regard to race, creed, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other characteristic protected by law, the Northern Lights YMCA adheres to the following job applicant policies and procedures:

1. Applications may be submitted in person, mailed, faxed, or electronically mailed.
2. Resumes must be accompanied by this completed employment application if applicable.
3. Incomplete applications may not be accepted.
4. At time we may limit the number of accepted applications for highly solicited positions on a first-come, first-served basis. The number of applications accepted will be determined by the position.
5. Applications will be considered as active for four calendar months following the original application date.
6. Only accepted applications that are considered active will be forwarded to the hiring director(s).

Accepted, active applications for open positions will be forwarded to the hiring director(s) for consideration and interview scheduling.

STATEMENT OF APPLICATION

Please read this carefully before signing this form.

1. All information contained in this application is true and correct to the best of my knowledge. I understand that misrepresentation of omission of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Northern Lights YMCA to investigate my background and responses on this application and to contact present and former employers (except as indicated) or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly full release and hold harmless the person or organization that provides information pertaining to me, or my employment.
3. Regardless of whether or not I become employed at the Northern Lights YMCA, I recognize that this application is not to be considered a contract for employment. I understand that employment at the Northern Lights YMCA is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or at the option of the Northern Lights YMCA.

Applicant signature _____ Date _____

OPTIONAL

How did you learn about the position(s) that you are applying for? Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> NLYMCA web site | <input type="checkbox"/> Newspaper | <input type="checkbox"/> YMCA Employee |
| <input type="checkbox"/> National YMCA Vacancy List | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Michigan Works | <input type="checkbox"/> Inquiry to the YMCA | <input type="checkbox"/> Other _____ |