

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING

FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION

DOOR COUNTY YMCA

Personal Info	rmation								
Date: /	/								
First Name:	st Name: Last Name:								
Current Address: _			City:			State:	Zip:		
Permanent Address	5:		City:			State:	Zip:		
Telephone:		Email Address	:						
Are you at least 1	8 years of age?							Yes	No
•	te of birth								
Have you ever beer	d to work in the Ur 1 convicted of a felo in	ny?							
Allegations or suspi We have abuse repo conduct for staff. W screen carefully to p	cants: The YMCA er cions of child abuse a rting procedures, the e minimize opportuni prevent abusers from	are taken very serio ere are unscheduled ities for abuse to oc	usly at the YMCA visits from supe ccur and we talk	and will b rvisors, we with childre	e reported to t have an open en about perso	door for parents, ar nal safety and touc	nd we have	a code	e of
Position Informati #1 Position Applying Preferred location:	g for	thern Door Off-sit	te Location	-		lying for must be s be forwarded to a		der fo	or
#2 Position Applying						or consideration. G		catior	ns
Preferred location:		thern Door Off-sit	te Location	-		pen positions, plea	se see our v	vebsit	te
#3 Position Applying Preferred location:		thern Door Off-sit	te Location	-	at www.door Center.	countyymca.org or a	ask at our W	/elcon	ne
	ly applied for empl	and at any VA						Vaa	Na
If yes, when and when and when and when a second se	y worked for any YN here?	1CA?			-				
How did you hear		-							
			YMCA Employee WI Job Center		College Job Website Inside the Y Other				
Availability									
Date available to	start: /	/	Full Time	Part Time	Total Ho	ours per week:			
Please list specific hours Sunday		Tuesday	Wednesda		hursday	Friday	Satu	-	
Junuay	Monday	Tuesday	weattesua		nursuay	Filuay	Jatu	uay	
									
Training		•••••••			ife evend Finel				
	special licenses, p					Date:			



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EMPLOYMENT APPLICATION DOOR COUNTY YMCA

Education	School Name	School Name Dates Attended		Emphasis/Major	
High School			Yes	• •	
_			No In progress		
Vocational/Technical			Yes		
School			No		
College/University			In progress Yes		
conege, oniversity			No		
Graduate School			In progress Yes		
Graduate School			No		
			In progress		
Employment History					
	ers, beginning with the m				
Employer:			Briefly describe specific job duties below:		
City and State:					
Telephone:	Position:				
Supervisor Name:			Start date://		
Supervisor Email:					
Reason for Leaving:			End date://		
Employer:				Briefly describe specific job duties below:	
City and State:					
Telephone:	Position:				
Supervisor Name:				Start date://	
Supervisor Email:					
Reason for Leaving:				End date://	
Employer:				Briefly describe specific job duties below:	
City and State:					
Telephone:	Position:				
Supervisor Name:				Start date://	
Supervisor Email:					
Reason for Leaving:		_	End date://		

References

We currently contract with a web-based client called Checkster to facilitate candidate reference checks. As a part of the hiring/on-boarding process with our organization, you will be asked to provide 5-7 references who have known you for at least one year. At least one of your references must be a close family member, and others can be former supervisors, peers, subordinates, teachers, coaches, etc. If/When an offer for employment is being considered, your supervisor or a member from our Human Resources Department will forward you a link to the Checkster website and ask you to submit your reference names and email addresses. Please be ready to submit this information to ensure timely consideration of your full employment application.

Application Acknowledgement

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge; and that my employment is subject to proof of eligibility for employment in the United States. Further, I understand and agree that if employed, my employment would be solely employment at will for no definite period and may be terminated at any time without previous notice. I AUTHORIZE the Door County YMCA 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 Door County YMCA and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing and disclosing such information. I hereby acknowledge that I have read and understood the above statements and that I voluntarily submit this application. Date: Signature:

Please email completed form to sdantoin@doorcountyymca.org or return to: Sturgeon Bay Program Center 1900 Michigan St Sturgeon Bay, WI 54235 920-743-4949

Northern Door Program Center 3866 Gibraltar Road Fish Creek, WI 54212 920-868-3660