



# Sioux Falls Family YMCA EMPLOYMENT APPLICATION

**PRINT ONLY-No Handwriting (except for signature)**

**Note: We are an At-Will Employer**

Date: \_\_\_\_\_

Department Applied for: Youth \_\_\_ Adult \_\_\_ Membership \_\_\_ Maintenance \_\_\_ Camp \_\_\_ Fitness \_\_\_ Aquatics \_\_\_ Laundry \_\_\_

Child Watch \_\_\_ Clerical \_\_\_ Janitorial \_\_\_ Youth Desk \_\_\_ Front Desk \_\_\_ Sports \_\_\_ Development \_\_\_ Other \_\_\_

Desired Pay Range: \_\_\_\_\_

How many hours can you work a week? \_\_\_\_\_ Full Time  Part Time  Other

\_\_\_\_\_  
**First Name** **M.I.** **Last**

\_\_\_\_\_  
Have you used any other name? If so, please specify \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Have you ever had your driver's license suspended or revoked? Yes  No

Driver's License Type: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Are you at least 15 years of age? Yes  No

**Check which days you are available to work:**

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Are there any regular days or hours you are not available to work? If so, please list: \_\_\_\_\_

Have you ever been convicted of a crime? Yes  (If yes, please explain) \_\_\_\_\_ No

Can you, after employment, submit verification of legal right to work in U.S.? Yes  No

May we contact your present employer? Yes  No



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**WORK EXPERIENCE-** Please list the jobs held in the last 7 years, with the most recent first. Use extra paper, if needed.

<b>Name of Employer:</b>	<b>Address:</b>	<b>Dates Worked:</b> From: To:	<b>Supervisor:</b>
<b>Phone:</b>			
<b>Job Title and Type of Work:</b>		<b>Reason for Leaving:</b>	
<b>List general duties performed:</b>			

**WORK EXPERIENCE**

<b>Name of Employer:</b>	<b>Address:</b>	<b>Dates Worked:</b> From: To:	<b>Supervisor:</b>
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<b>Job Title and Type of Work:</b>		<b>Reason for Leaving:</b>	
<b>List general duties performed:</b>			



# Sioux Falls Family YMCA

## EMPLOYMENT APPLICATION

**DO YOU HAVE ANY OTHER JOB EXPERIENCE THAT WOULD HELP YOU WITH THE JOB YOU ARE APPLYING FOR? IF YES, PLEASE EXPLAIN:**

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**PLEASE LIST THREE REFERENCES (other than relatives or previous employers)**

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Years Known:</b>	<b>Years Known:</b>	<b>Years Known:</b>

**EDUCATIONAL BACKGROUND**

High School:	College:	Other Training Programs:
Highest Grade Completed:	Highest Grade Completed:	
Special Classes:	Special Classes:	Major:
		Minor:
	Degrees:	

**LIST ALL ABILITIES AND SKILLS YOU HAVE:**

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**PLEASE EXPLAIN WHY YOU THINK YOU WOULD BE GOOD AT THE JOB YOU ARE APPLYING FOR:**

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# *Sioux Falls Family YMCA*

## *EMPLOYMENT APPLICATION*

### APPLICATION ACKNOWLEDGEMENTS

Please read carefully, ask questions about anything you don't understand	Yes	No
<p><b>At-Will Employment</b> This company maintains an At-Will Employment arrangement with all employees. I understand that if hired, the employment will not be permanent; instead the employment will be At-Will meaning that either party may terminate this agreement at any time, with or without cause, at-will.</p>		
<p><b>Youth Involvement</b> If hired, I understand due to the nature of the business, (working with young adults) I will have members and class/Camp participants, and my co-workers relying on me to come to work when scheduled and on time, unless I am prevented to so because of illness or emergency. In the event I am not able to come to work, I will immediately call in to work, so that proper staff coverage can be arranged. I further understand that although this employment relationship is At-Will that I am not allowed to walk off my job, and leave members/Camp participants unsupervised at anytime.</p>		
<p><b>Physical and Mental Ability</b> I understand that due to the nature of the business; I must always have the physical and mental ability to do the job. If I am disabled, or become disabled, I understand that I can request the YMCA to make reasonable accommodations to assist me, however, the YMCA may refuse if it compromises members, or causes an undue hardship on the company.</p>		
<p><b>Criminal Behavior</b> I understand that in order to work in this type of business I must have a satisfactory criminal record. If hired, I understand that a background check will be conducted.</p>		
<p><b>Drug and Alcohol Policy</b> I understand that prior to my acceptance of employment, and if hired, during my employment, I may be tested for the use of illegal drugs, and if found positive for use, my relationship with this company will be immediately terminated. I further understand that if hired, and I am found under the influence of drugs or alcohol while at work I will be immediately terminated.</p>		
<p><b>Non-Discrimination Policy</b> I understand this company does not discriminate against applicants because of race, age, color, religion, gender, disability, military status or sexual preference, and that hiring is based on qualifications, personal characteristics, background check and interview.</p>		
<p><b>Information Verification</b> I hereby give my permission for the Sioux Falls Family YMCA to contact the previous employers, schools and other contacts I have listed hereby release this company, and listed contacts from any liability arising from such communication of information. I understand that any falsification of this information is just cause to refuse hiring, and falsifications discovered later, if hired, will be grounds for immediate termination.</p>		
<p><b>Applicant's Signature:</b> _____</p>		<p><b>Date:</b> _____</p>

***THANK YOU FOR YOUR INTEREST IN THE SIOUX FALLS FAMILY YMCA!***

*Please return to:  
The Sioux Falls Family YMCA*

230 South Minnesota Avenue  
Sioux Falls, SD 57104  
Phone-605-336-3190 Fax 605-336-3516



# Sioux Falls Family YMCA EMPLOYMENT APPLICATION

## MIDDLE SCHOOL AFTERSCHOOL ADDENDUM

Position(s) applying for: \_\_\_ Site Assistant \_\_\_ Site Assistant Director \_\_\_ Site Director \_\_\_ Other

### Availability Requirements for Employment (M-F)

Site Director: 3:00-6:00pm + 5 additional hours

Site Assistants, 3:00-6:00pm;

Site Assistant/Bus Drivers, 2:15-7:00pm (approx. & depends on site assignment)

### SKILLS (Y=Previous experience; L=No previous experience-willing to learn.) Can you:

Y L

- Lead a group?
- Teach a craft?
- Work with recent immigrants?
- Work easily with others?

Y L

- Treat children with respect?
- Do silly things in front of groups?
- Follow a supervisor's directions?
- Drive a bus?

What other skills or hobbies do you have? \_\_\_\_\_

\_\_\_\_\_

In what other job-related activities have you been involved? \_\_\_\_\_

\_\_\_\_\_

For what have you previously volunteered? \_\_\_\_\_

\_\_\_\_\_

Why do you feel an After School Program is important? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### APPLICANT CERTIFICATION

I hereby certify that all statements made in this application addendum are true and complete. If I am employed, I understand: 1) that any false statements made on this application addendum shall be considered sufficient cause for dismissal; 2) that employment with the YMCA is employment "at will", which means employees may end their employment at any time for any reason and that the YMCA may terminate employees at any time for any reason, with or without cause; and 3) that I am required to submit fingerprints and pass a criminal background check.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Return application, addendum & any attachments to: Sioux Falls Family YMCA  
Attn: Tammy Running

230 South Minnesota Avenue  
Sioux Falls, SD 57104  
Phone-605-336-3190 Fax 605-336-3516