



**Muskegon Family YMCA
Application For Employment**

Membership #: _____

Date: _____

We are an Equal Opportunity Employer. Applicant resumes are accepted without regard to race, religion, color, sex, age, national origin, veteran status or disability and in accordance with state and federal laws.

Personal Information

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone Number _____ Cell Phone _____

Are you 18 years or older? Yes No E-Mail _____

Have you ever been convicted of a crime or are you presently charged with a felony? Yes No
If so, where and when, and explain circumstances.

Employment Information

Volunteer Intern Full Time Part Time Wage Desired: _____ Date you can start: _____

Department(s): Aquatics Business Office Health & Fitness Maintenance Membership Youth

First Choice Position: _____ Certifications: _____

Experience: _____ Years: _____

Second Choice Position: _____ Certifications: _____

Experience: _____ Years: _____

Third Choice Position: _____ Certifications: _____

Experience: _____ Years: _____

Are you employed now? Yes No
If so, may we inquire your present employer? Yes No

Have you ever worked for any YMCA? Yes No When? _____ Where? _____

Are you eligible to work in the U.S. and able to provide proof? Yes No

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work in the position for which you are applying? If so, explain _____

Former Employment- List below your last three employers, starting with the most recent.

Employer: _____

Address: _____
Street City State Zip

Supervisor's name: _____ Phone: _____

Duties/Responsibilities: _____

Date Hired: _____ Date Left: _____

Final Salary: _____ Reason for Leaving: _____

Employer: _____

Address: _____
Street City State Zip

Supervisor's name: _____ Phone: _____

Duties/Responsibilities: _____

Date Hired: _____ Date Left: _____

Final Salary: _____ Reason for Leaving: _____

Employer: _____

Address: _____
Street City State Zip

Supervisor's name: _____ Phone: _____

Duties/Responsibilities: _____

Date Hired: _____ Date Left: _____

Final Salary: _____ Reason for Leaving: _____

Education

High School: _____
Name Address

Diploma or Equivalent Received? Yes No

College, Trade, Business or Correspondence School: _____
Name Location

Degree Received? Yes No Major:- _____

College, Trade, Business or Correspondence School: _____
Name Location

Degree Received? Yes No Major:- _____

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

By signing my name below, I understand that the Muskegon Family YMCA is an at-will employer and nothing contained in this application or in the interview process is intended to create an employment contract between the company and me. Should this application result in my employment, I have the right to terminate my employment at any time and for any reason and the company retains a similar right. I further understand that no representative of the Muskegon Family YMCA other than the executive director has any authority to enter into any agreement with me for any specified period of time or to guarantee some other personnel move or benefit. I further understand that this entire statement applies to the period prior to and after I may be employed.

Additionally, by signing my name I certify that all information provided by me is correct to the best of my knowledge. I understand that omissions and misrepresentations may result in the rejection of my application or, if hired, result in termination.

I agree that the contents of any office, locker or desk or equipment or other company property I may use, and any of my own property I bring onto the company's premises (including, without limitation, cars, packages, and purses), may be inspected by the company at any time, and I waive claims against the company or its agents relating to such inspection.

I agree that I will not disclose to anyone or use for my own purposes any of the company's confidential or proprietary information, either during or after my employment, except at the request and for the benefit of the company. I agree that information about the company's customers, vendors, sources of supply, pricing, costs, and other financial information, products, services, methods or operation, marketing, engineering; methods, production, and the like is confidential and proprietary information that belongs to the company. If my employment with the company ends, I will not retain any copies or summaries of any such information, but will promptly return all such information to the company. I also agree that I will disclose and assign to the company any invention, design or process that I conceive or develop while employed by the company relating to the company's business or any product or service offered or being developed by the company, and that all such inventions, designs or processes belong to the company.

I agree to submit to physical examinations and medical tests (including blood, urine or other testing) permitted by law before and during my employment, at the request and expense of the company, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I waive any claims against the company or its agents or any testing agency retained by the company or its agents relating to any such testing, or from lawful if decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that I will not commence any action or lawsuit relating to my employment with the company, or the termination of my employment, more than 12 months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within 12 months after my employment ends will be barred.

I agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity will not affect the validity of the rest of this agreement, and such term shall be limited to allow its enforcement as far as legally possible. I agree that no one other than the president of the company, by written directive, has any authority to modify the above terms of employment, or to make any exception to them, or to offer employment on any other terms.

I agree that I will be bound by and will adhere to any other rules and policies issued by the company, including all rules and policies contained in the company's employee handbook.

Date: _____ Signature of Applicant: _____