



**YMCA**  
*of Cass and Clay Counties*

# YMCA of Cass and Clay Counties

## Application for Employment

**400 1<sup>st</sup> Avenue South**  
**Fargo, ND 58103**  
**701-293-9622**

**Mission:**

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

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

Title of position applying for: \_\_\_\_\_

Location of position: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No. Are you eligible to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about this position? \_\_\_\_\_

If referred by a current employee, please list their name: \_\_\_\_\_

Have you ever been previously employed by the YMCA of Cass and Clay Counties? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, give dates and if different – name at the time) \_\_\_\_\_

Have you ever been employed or attended school under another name? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, list previous name/s) \_\_\_\_\_

Have you ever been discharged or forced to resign from any position? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, give name of organization and reason) \_\_\_\_\_

Have you ever been convicted of a crime – including Misdemeanors and Traffic Violations ? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please provide date and conviction information. Disclosure will not necessarily disqualify you from employment)\_\_\_\_\_

Salary Requirements: \_\_\_\_\_

**Availability to Work:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Starting with your present or most recent employer, please list all employers for the last 5 years (attach additional information if needed). Include self-employment, and summer and part-time jobs. Explain any gaps in employment in the comments section below.

Company: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_ Your title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Immediate Supervisor's Name & Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay \_\_\_\_\_

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Company: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_ Your title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Immediate Supervisor's Name & Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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Company: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_ Your title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Immediate Supervisor's Name & Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

**NOTE:** You may attach a resume to supplement the information requested above however you must assure that all information that is requested on the application is included.

Explain any gaps in the above mentioned employment dates: \_\_\_\_\_

If you are currently employed at one of the companies above and would prefer that we do not contact the supervisor listed, please state your request here: \_\_\_\_\_

**Education:**

	Name & Address	Major or Degree	Highest Grade Completed	Currently Enrolled? (Yes or No)	Graduated? (Yes or No)
High School: City/State:		N/A			
College: City/State:					
Vocational: City/State:					
Other: City/State:					

Please describe any special skills/knowledge/certifications that you possess that is relevant to this position that you would like us to consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In addition to checking your work references, we may also check personal references. Please list the names and phone numbers of three individuals (not related to you, and not the supervisors listed above) who have knowledge of your character, experience and ability.**

1. Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

How does this person know you? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

How does this person know you? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

How does this person know you? \_\_\_\_\_

# APPLICANT STATEMENT

## **I CERTIFY THAT:**

- All statements that I have made on this application and any accompanying resume or documentation, as well as during the hiring process are true and complete.
- I have withheld nothing that would, if disclosed, affect this application unfavorably.

## **I UNDERSTAND THAT:**

- Any misleading information, omission, or misrepresentation may result in refusal of employment or immediate termination.
- All offers of employment are conditional upon a negative pre-employment drug test and the results of a criminal background check and if applicable, a credit history check.
- If I am hired and employed I may voluntarily resign from my employment at any time for any reason, with or without cause or advance notice, and the Company has the same right to terminate my employment at any time for any reason, with or without cause or advance notice.

## **I AUTHORIZE:**

- The Company to investigate the information contained in this application or otherwise provided by me and I release the Company (and its employees and agents) from any and all liability for seeking information and opinions on me.
- All employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and I hereby release them (and their employees and agents) from all liability for providing such information.

## **I HEREBY ACKNOWLEDGE THAT:**

I have read and understand the above statements and I voluntarily agree to them.

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SIGNATURE OF APPLICANT

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DATE