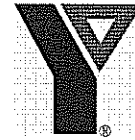


City of LeMars YMCA
 241 12th Street SE
 PO Box 41
 LeMars, IA 51031
 (712) 546-6655



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal, or local law.

PERSONAL INFORMATION

NAME: Last		First		Middle	
ADDRESS: Number		Street		City	
				State	
				Zip Code	
HOME TELEPHONE #		BUSINESS TELEPHONE #		SOCIAL SECURITY NUMBER	
POSITION(S) APPLIED FOR		DATE OF APPLICATION		DATE OF AVAILABILITY	
Are you over the age of 18?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If hired, do you have a reliable means of transportation to get to work?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Can you, after employment, submit verification of your legal right to work in the United States?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <i>Conviction will not necessarily disqualify an applicant from employment.</i>		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If yes, please explain:					

EDUCATION & ADDITIONAL TRAINING

School	Name and Address	Years Completed	Years Attended		Diploma/Degree	Major/Course of Study
Elementary						
Middle						
High						
College						
Highest Degree Earned: (Please only mark one)		High School	Associate	Bachelor	Master	Doctorate
Professional memberships, certificates and/or licenses held: (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.)						
Described any extra-curricular activities:						

EMPLOYMENT DATA

Have you ever filed an application with us before? If yes, please give date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been employed with us before? If yes, please give date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you presently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, may we contact your present employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST

EMPLOYER:		SUPERVISOR: (Name)		(Title)	TELEPHONE #:
1					
ADDRESS: Number	Street	City	State	Zip Code	
DESCRIPTION OF JOB DUTIES:					
DATES EMPLOYED		HOURLY RATE/SALARY		JOB TITLE	JOB TITLE
From	To	Start	Final	Start	Final
EMPLOYER:		SUPERVISOR: (Name)		(Title)	TELEPHONE #:
2					
ADDRESS: Number	Street	City	State	Zip Code	
DESCRIPTION OF JOB DUTIES:					
DATES EMPLOYED		HOURLY RATE/SALARY		JOB TITLE	JOB TITLE
From	To	Start	Final	Start	Final
EMPLOYER:		SUPERVISOR: (Name)		(Title)	TELEPHONE #:
3					
ADDRESS: Number	Street	City	State	Zip Code	
DESCRIPTION OF JOB DUTIES:					
DATES EMPLOYED		HOURLY RATE/SALARY		JOB TITLE	JOB TITLE
From	To	Start	Final	Start	Final

REFERENCE DATA

NAME:	TELEPHONE #:	ADDRESS:
1		
2		
3		
4		