

# EMPLOYMENT APPLICATION



**MCPHERSON  
FAMILY  
YMCA**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

**MCPHERSON  
RECREATION  
COMMISSION**



Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's Commissioners/Board Members. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and to recognize that our employees are subject to additional public scrutiny in their public and personal lives.

Last Name	First	Middle	Date
Street Address			Home Telephone
City/State/Zip		Cell Telephone	Texting Y    N
Have you ever applied for employment with us? Yes    No            If yes: Month and Year _____			Email Address
Position Desired			Are you at least 18 years of age? Yes    No    If no, provide birth date _____
Are you available for full-time work? Yes    No    If not, what hours can you work?			Will you work overtime, if asked? Yes    No
Are you legally eligible for employment in the United States? Yes    No			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc..)			

**Membership in Professional or Civic Organizations  
(Exclude those which may disclose your race, color, Religion or national origin)**

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# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record.  
Start with your present or most recent employer.

Company Name	Telephone
Address	Employed - (State month and Year) From                      To
Name of Supervisor	Hourly Pay Rate Start                      Last
State Job Title and Describe your work:	Reason for Leaving:

Company Name	Telephone
Address	Employed - (State month and Year) From                      To
Name of Supervisor	Hourly Pay Rate Start                      Last
State Job Title and Describe your work:	Reason for Leaving:

Company Name	Telephone
Address	Employed - (State month and Year) From                      To
Name of Supervisor	Hourly Pay Rate Start                      Last
State Job Title and Describe your work:	Reason for Leaving:

WE MAY CONTACT THE EMPLOYERS LISTED UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.	<b>DO NOT CONTACT</b> Employer Number(s) _____ Reason: _____ _____
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## EDUCATION

School	Name and Location of	Course of Study	No. of Years	Did you Graduate
Graduate				
College				
Business / Trade				
High School				
Elementary				

## REFERENCES

(Please list at least one family member as a reference. Need complete addresses)

NAME:	COMPLETE ADDRESS:	PHONE #:	YEARS KNOWN:	RELATIONSHIP:
NAME:	COMPLETE ADDRESS:	PHONE #:	YEARS KNOWN:	RELATIONSHIP:
NAME:	COMPLETE ADDRESS:	PHONE #:	YEARS KNOWN:	RELATIONSHIP:
NAME:	COMPLETE ADDRESS:	PHONE #:	YEARS KNOWN:	RELATIONSHIP:

Are you, or have you ever been employed by any YMCA/ or Recreation Commission?

Yes No If yes, when \_\_\_\_\_

What location: \_\_\_\_\_

Name used when employed at that location \_\_\_\_\_

Were you referred to the YMCA/MRC by: Own Accord YMCA Employee

MRC Employee Other \_\_\_\_\_

Have you ever participated in the YMCA or KPERs Retirement Fund?

Yes No If yes, when and which fund \_\_\_\_\_

Have you ever been bonded? Yes No

If yes, with what employers? \_\_\_\_\_

How long at present address? _____ years	Previous Address: _____
How long at previous address? _____ years	

State names of relatives and friends working for us.

Have you ever been convicted of a crime, on diversion for a crime or are you now charged for any offense against the law? **NO YES** If your answer is “Yes” give details below. Show for each offense: (1) date, (2) charge, (3) place, and (4) disposition. **NOTE: A conviction does not automatically mean you cannot be considered. What you were convicted of and how long ago, are important. Give all of the facts so that a decision can be made.**

DATE	CHARGE	LOCATION	DISPOSITION

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand if employed, false statements in this application shall be considered sufficient cause for dismissal. It is understood employment with the McPherson Family YMCA and or McPherson Recreation Commission is subject to passing a criminal records check and a child abuse screening: therefore, I authorize the YMCA/MRC to conduct a background check, child abuse screening and make investigation of my prior educational and work history. MRC employment requires a drug screening, as part of the pre-employment process.

I understand if I am hired, the length of my employment is not guaranteed. Recognizing I will be free to voluntarily terminate my employment at any time with or without cause, I acknowledge the YMCA/ MRC is an at-will employer and will be free to terminate my employment at any time, with or without cause.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

<b>MCPHERSON FAMILY YMCA</b>	<b>YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.</b>	<b>MCPHERSON RECREATION COMMISSION</b>
<b>The Benefits are Endless!</b>		