



NORTHFIELD AREA FAMILY YMCA

1501 Honeylocust Drive • Northfield, MN 55057

507.645.0088 • northfieldymca.org

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

APPLICATION FOR EMPLOYMENT

The YMCA is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, gender, age, sexual orientation, physical or mental disability, veteran status, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

Notice to Applicants

The YMCA maintains a Zero Tolerance for Child Abuse and/or substance abuse. Criminal Background check and other federal or state for child abuse will be conducted along with illegal drug use may be required before or during employment.

PERSONAL INFORMATION

| | |
|--|---|
| Name: | Date: |
| Address: | Home Phone: |
| City, State, Zip Code: | Cell Phone: |
| Number of years at present address: | Email: |
| Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you over 18? <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 | |
| 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 | |
| Position(s) applying for: | Date Available: |
| Days of week/hours available: | Salary Desired: |
| Desired number of hours/shifts per week: | |
| Have you applied at the Northfield Area Family YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | |
| Have you ever been employed by the YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | |
| How were you referred to the Northfield Area Family YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify source below) | |

EDUCATION AND TRAINING

| | | | | | |
|--------------------------|----------------|-------------------|----------|--------|-----------|
| School Name and Location | Years Attended | Graduate (Yes/No) | Degree | | |
| High School: | | | | | |
| College/University: | | | | | |
| Highest Degree Earned: | High School | Associate | Bachelor | Master | Doctorate |

US MILITARY SERVICE DATA

| | |
|-----------------------------|------|
| Branch: | Rank |
| Special Training or Skills: | |

EMPLOYMENT OR RELEVANT EXPERIENCE DATA

| | |
|---------------------------------------|-------------------------|
| Company Name: | Phone: |
| Address: | |
| Job Title-Start: | Job Title-Final: |
| Supervisor (Name and Title): | |
| Description of Job Duties: | |
| Base Rate of Pay-Start: | Base Rate of Pay-Final: |
| Dates of Employment (Mo/Yr to Mo/Yr): | |

| | |
|---------------------------------------|-------------------------|
| Company Name: | Phone: |
| Address: | |
| Job Title-Start: | Job Title-Final: |
| Supervisor (Name and Title): | |
| Description of Job Duties: | |
| Base Rate of Pay-Start: | Base Rate of Pay-Final: |
| Dates of Employment (Mo/Yr to Mo/Yr): | |

| | |
|---------------------------------------|-------------------------|
| Company Name: | Phone: |
| Address: | |
| Job Title-Start: | Job Title-Final: |
| Supervisor (Name and Title): | |
| Description of Job Duties: | |
| Base Rate of Pay-Start: | Base Rate of Pay-Final: |
| Dates of Employment (Mo/Yr to Mo/Yr): | |

VOLUNTEER EXPERIENCE

| | |
|-------------------------|---------------|
| Where: | Phone: |
| Address: | Contact name: |
| Nature of Work: | |
| Dates (Mo/Yr to Mo/Yr): | |
| | |
| Where: | Phone: |
| Address: | Contact name: |
| Nature of Work: | |
| Dates (Mo/Yr to Mo/Yr): | |
| | |
| Where: | Phone: |
| Address: | Contact name: |
| Nature of Work: | |
| Dates (Mo/Yr to Mo/Yr): | |

PERSONAL REFERENCE DATA

Please provide two personal references who have known you for at least three years. Include one relative.

| | |
|----------|--------|
| Name: | Phone: |
| Address: | |
| | |
| Name: | Phone: |
| Address: | |

PROFESSIONAL REFERENCE DATA

Please provide two professional references below. Do not include relatives or current Northfield YMCA staff.

| | |
|----------|--------|
| Name: | Phone: |
| Address: | |
| | |
| Name: | Phone: |
| Address: | |

CERTIFICATION/ RELEASE

Please read carefully before signing

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check.

Initial _____

I am not a child molester, abuser or pedophile, and have not been accused of being a molester, abuser or pedophile.

Initial _____

I consent that photographs that may be taken of me by the YMCA are property of the YMCA and may be reproduced as the YMCA desires, free from any claim on my part.

Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Initial _____

I certify that I have read the above statements and accept the same as a condition of my consideration for employment with the YMCA.

Do not sign until you have read and initialed the above statements.

Signature of Applicant: _____ Date: _____

Signature of Parent if applicant is under 18 years of age: _____ Date: _____

Parent's Name (please print): _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. I also understand that a thorough background check will be required prior to employment with the Northfield Area Family YMCA.

Applicant Signature

Date of Application