

NORTHFIELD AREA FAMILY YMCA
519 DIVISION STREET
NORTHFIELD, MN 55057
(507) 645-0088 WWW.NORTHFIELDYMCA.ORG

APPLICATION FOR EMPLOYMENT (V2)

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.

To help us learn about your experience, abilities, and interests,
 please complete this Application for Employment as thoroughly as possible.
 If a resume is also submitted you may reference that information on the application.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home Telephone No.	Cell phone
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Email Address (print clearly)
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? If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a crime - especially those related to child abuse or sex related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
POSITION applying for:	Date Available	Salary desired
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		
List your availability (days of the week and/or times of day):	Desired number of hours per week:	
Have you ever 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 below) (Please identify source below) _____ Name of Employee _____		

If not applying for a specific position please indicated your interest areas below:

- | | |
|-----------------------------|--------------------------------------|
| _____ Preschool Sports | _____ Youth Sports (Coaches) |
| _____ Child Watch | _____ Adult Group Fitness Classes |
| _____ Special Events | _____ Member Services |
| _____ Enrichment Activities | _____ Other: (please specify): _____ |

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree
High School			
College/University			
College/University			
Highest Degree Earned			
(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate			

U.S. MILITARY SERVICE DATA

Branch:	Rank:
List Special Training or Skills:	

EMPLOYMENT OR RELEVANT EXPERIENCE DATA

PLEASE LIST IN ORDER OF MOST RECENT FIRST			
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			

REFERENCE DATA

Please provide one personal reference and two additional references we may contact.

Name	Address	Area Code	Phone

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