

**WINONA FAMILY YMCA
207 Winona Street
Winona, Minnesota 55987
507-454-1520**

APPLICATION FOR EMPLOYMENT

DATE _____

PLEASE PRINT:

NAME _____
Last First Middle Initial

CURRENT ADDRESS _____
Street Apt #

CURRENT ADDRESS _____
City State Zip

PRESENT PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

PERMANENT ADDRESS (IF DIFFERENT THAN CURRENT)

Street Apt #

City State Zip Phone #

POSITION APPLYING FOR: _____

RATE OF PAY EXPECTED: _____

If your application is considered favorably, on what date would you be available to start work? _____

Would you work: Full-time Part-time

If part-time, specify days and hours you are available: _____

SKILLS AND EXPERIENCE

Please indicate experience, skills, qualifications and/or certificates which you feel would especially fit you to work with our YMCA organization.

If applying for a clerical position, please indicate office equipment you can operate, skills you possess, or any other information of which you would like us to be aware:

Is there anything in your medical history which may interfere in any way with your ability to perform the job for which you are applying? _____

Were you previously employed by the YMCA? _____ If so, when? _____

Have you had any prior sexual/physical abuse allegations or incidents? Yes_____ No_____

Are you legally eligible for employment in the United States? Yes_____ No_____

EMPLOYMENT

List below all present and past employment, beginning with your most recent. Exclude any reference, which may reveal or tend to reveal your race, color, religion or national origin.

	MOST RECENT	PREVIOUS	PREVIOUS
COMPANY NAME			
ADDRESS			
CITY, STATE			
TYPE OF BUSINESS			
DATES OF EMPLOYMENT			
JOB TITLE (BEGINNING)			
JOB TITLE (ENDING)			
SUPERVISOR			
EARNINGS			
DUTIES			
REASON FOR LEAVING			

May we contact your present employer? Yes_____ No_____ Past employer? Yes_____ No_____

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE					
OTHER					

REFERENCES: (*prefer at least one to be a Winona resident; no relatives or employers*)

NAME _____ PHONE _____ ADDRESS _____
City/State

NAME _____ PHONE _____ ADDRESS _____
City/State

NAME _____ PHONE _____ ADDRESS _____
City/State

Please list names of relatives/friends presently employed by the Winona Family YMCA:

READ CAREFULLY: I have read the foregoing questions and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance, and I understand that such misrepresentation of any of the above may be cause for termination.

Signature of Applicant _____ Date _____

The Winona Family YMCA is an "at will" employer, and employment can be terminated at any time. Hiring policies are subject to change without any advance notice.

No smoking is allowed in the building or on the YMCA premises. For the health and safety of our members and employees, this resolution was adopted by our Board of Directors.

