



## EMPLOYMENT DESIRED

Type of POSITION(S) desired:	Date Available	Salary/Wages 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		
Have you ever applied at the 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, are you enrolled in the YMCA Retirement Plan? YES NO	
How were you referred to the YMCA: Advertisement Employee Referral Walk-In Agency Website Other _____		
Name of Employee _____		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major/ Subject
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic GPA:
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable. <b>***Important: Please attach any/all relevant certifications for the position to which you are applying.</b>				
<input type="checkbox"/> Computer Skills, i.e. Word, Excel, etc.		<input type="checkbox"/> Other machines requiring special skills:		

## U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
<b>Company Name</b>		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				
<b>Company Name</b>		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)				
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<b>Company Name</b>		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		
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<b>Company Name</b>		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

### 3 PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Professional Reference Name(s)	Address	Phone
Family Member Name	Address	Phone

## PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
Initial

I understand that my employment is contingent on the completion of a criminal history check and that the YMCA has the right to not hire or terminate my employment based on the findings of the background check.

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

\_\_\_\_\_  
Initial

If employed by the YMCA I will abide by all YMCA policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between the YMCA and myself.

\_\_\_\_\_  
Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

**FOR EMPLOYMENT DEPT. USE ONLY**

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

# SUPPLEMENTAL SKILLS

1. Identify your skill and interest areas:

(Indicate: 1 – lots of skill and experience    2 – Some skill or experience    3 – Interested in learning)

Skills			Current Certifications
<input type="checkbox"/> Archery	<input type="checkbox"/> Group Games	<input type="checkbox"/> Pottery	<input type="checkbox"/> Lifeguard Certificate
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Basic First Aid
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/> Skateboarding / Rollerblade	<input type="checkbox"/> CPR
<input type="checkbox"/> Bilingual in: _____	<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> EMT
<input type="checkbox"/> Camp Games	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Song Leading	<input type="checkbox"/> Water Safety
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Star Gazing/Astronomy	<input type="checkbox"/> Instructor
<input type="checkbox"/> Climbing/Rock-climbing	<input type="checkbox"/> Juggling	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Bloodborne Pathogens
<input type="checkbox"/> Clowning/Mime	<input type="checkbox"/> Lifeguarding	<input type="checkbox"/> Supervision of Children	<input type="checkbox"/> AED
<input type="checkbox"/> Dancing	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Supervision of Adults	<input type="checkbox"/> Archery
<input type="checkbox"/> Drama/Skits	<input type="checkbox"/> Musical Instruments	<input type="checkbox"/> Swimming	<input type="checkbox"/> Outdoor Living Skills
<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Needlecraft	<input type="checkbox"/> Tie Dyeing	<input type="checkbox"/> Ropes Course
<input type="checkbox"/> Environmental Education	<input type="checkbox"/> New Games	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Teachers License
<input type="checkbox"/> Fishing	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Weaving	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Fitness	<input type="checkbox"/> Patience	<input type="checkbox"/> Windsurfing	_____
<input type="checkbox"/> Golf	<input type="checkbox"/> Photography/Video	<input type="checkbox"/> Writing	_____
Other skills			

2. Do you have an age group preference?    0-5    6-9    10-14    15-18    Adult    Older Adult

3. What program areas interest you and why?

\_\_\_\_\_

\_\_\_\_\_

4. What characteristics do you feel you can offer the YMCA as a staff member?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE FORWARD THIS APPLICATION TO:**

Alexandria Area YMCA  
 Attn: Human Resources  
 110 Karl Drive  
 Alexandria, MN 56308

OR

Email:  
 jbartholomew@alexandriaymca.com