



Mesabi Family YMCA Employment Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

General Information

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

Date _____ Name _____

E-mail Address _____ Phone Number (s) _____

Address _____
Street City, State Zip Code

How did you hear of this position? _____ Referred by _____

Are you authorized to work in the United States? Yes___ No___
Are you at least 18 years old? Yes___ No___

Position Desired _____ Date Available _____

Full Time__ Part Time__ Seasonal__

Please indicate the hours you are available to work during both days and evenings
(Facility hours vary between 5:00am – 10:00pm)

Times:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I am interested in the following areas (check all that apply):

- Summer Day Camp
- Youth Sports (Referee, Assisting)
- Kid Care (Drop-In Child Care, Babysitting)
- School-Age Care (Before & After School)
- Fitness (Instructor, Personal Trainer)
- Member Services Desk
- Housekeeping
- Maintenance
- Aquatics (Lifeguard, Swim Instructor)
- Administration

Education and Training

Education	Name and Location of School	Major Subjects	Diploma
High School			
College/University			
Other Training or Education			

Identify all licenses or certifications in which you currently hold:

Name of license or certification _____ Expiration Date _____

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In addition to your work history and educational experience, what other experiences, skills, or qualifications do you have that would fit for the positions you are applying for? _____

Previous YMCA Experience

Have you ever applied to the YMCA before? If yes, where? _____
 If you have worked for a YMCA before? If yes, please state where, when, positions you held, and reason(s) for leaving _____

Do you have any relatives now employed by the YMCA? If yes, identify by name (s), position and location _____

Employment History

List below your complete employment history, start with your present or last job. Include military service and volunteer activities. Attach additional pages or your resume, if necessary or applicable.

Month/Day/Year	Name and Address of Employer (include supervisor's name or department)	Position	Reason for Leaving
From: To:	Employer: Address: Phone: May we contact? Yes ___ No ___		
From: To:	Employer: Address: Phone: May we contact? Yes ___ No ___		
From: To:	Employer: Address: Phone: May we contact? Yes ___ No ___		

References

Please give three professional, academic or volunteer references that you have known for at least one year

Name	Complete Address	Phone Number	Business & Years Known

I certify that all statements made by me on this application are true to the best of my knowledge and I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or after employment, may cause termination of employment with the Mesabi Family YMCA. I understand and agree that if I am employed, there is not a contract period for employment and my employment will be solely an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination. I give permission to the Mesabi Family YMCA to contact my references as listed above. I understand that the completion of a criminal background check is a required step in the interview process at the Mesabi Family YMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date