

Red Wing Family YMCA Employment Application

We build strong kids, strong families, strong communities.

GENERAL INFORMATION

Full Time _____ Part Time _____ Date _____

Name _____ E-Mail _____
Last First Middle

Address _____
Street City State Zip

Phone # _____ 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 _____ Are you at least 14 years old? Yes _____ No _____

Position Desired _____ Date Available _____

Full Time _____ (35-40 hrs per week) Part Time _____ (0-20 hrs per week)

Seasonal _____ (Summer)

Please indicate the hours you are available to work during both days and evenings
(Facility hours vary from 5:00 AM—10 PM)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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

_____ Camp Counselor

_____ Customer Service

_____ Child Care

_____ Life Guard

_____ Swim Instructor

_____ Fitness Instructor

_____ Maintenance

Employment History

List below your complete employment history, but do not provide dates of employment for jobs held more than five years ago. Attach additional pages or resume, if necessary or applicable.

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

Education History

Education	Name and Location of School	Relevant Course Work or Degree Program	Diploma
High School			
College/University			
Other Training or Education			

Education and Training

Identify all licenses or certifications which you currently hold:

Name of License/certification _____

License/Certification Number _____ Issuing State _____

Have your license/certifications ever lapsed? _____

If yes, state reason for lapse, revocation or suspension _____

_____ Date of Reinstatement _____

Foreign Languages _____ Spoken fluently? _____

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

Have you ever applied to the YMCA before? Yes _____ No _____

Have you ever worked at another YMCA before? Yes _____ No _____ If yes, which one?

References

Give the names of three persons, not related to you, whom you have known for at least one year.

Name	Address	Phone	Business	Years Known

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may result in dismissal. Further, I understand and agree that my employment is for no definite period, and may, regardless of the day of payment of my wages and salary, be terminated at any time, with or without cause, and with or without prior notice.

Date _____ Applicant's Signature _____

Red Wing Family YMCA
 Staff Reference Form
 434 Main St.
 Red Wing, MN 55066
 651-388-4724

Written Reference for _____ Date _____

Position Desired _____

Name of Reference _____ Title _____

Address _____ State _____ Zip _____

Phone where you can be reached for further information: Day _____ Evening _____

The Red Wing Family YMCA seeks employees that are mature, responsible and enthusiastic. The staff are asked to exemplify the values and ethics of the YMCA as a lifestyle. Therefore, your thoughtful consideration is requested as you complete this form. If you have any doubts, please specify them and let us measure their relative importance while conducting a personal interview.

Your best judgment will be appreciated and will be handled in strict confidence. Please use as much room as necessary for your comments. Thank You!

Please indicate:

How responsible is she/he?

Irresponsible		Highly Responsible	No Opinion
1 2 3 4 5 6 7		8 9 10	_____

How does she/he relate to peers?		Well	No Opinion
Poorly			
1 2 3 4 5 6 7		8 9 10	_____

How does the applicant respond to supervisor's guidance or criticism?		Open	No Opinion
Closed			
1 2 3 4 5 6 7		8 9 10	_____

Is the Applicant a self-motivator?		Yes	No Opinion
No			
1 2 3 4 5 6 7		8 9 10	_____

PLEASE INDICATE

What is his/her maturity level?

Immature

1 2 3 4 5 6 7 8 9 10

Mature

No Opinion

What is applicant's sense of self-worth?

Poor

1 2 3 4 5 6 7 8 9 10

Positive

No Opinion

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

List any positions that demonstrated leadership, as well as your observations of the applicant:

Additional strengths not previously mentioned:

Are there any reasons why this candidate should NOT be considered for a position?

_____ Yes

_____ No

Please explain

Areas for further growth or weaknesses:

What is your appraisal of this person for service as a staff member at the Red Wing Family YMCA?

Thank you for your feedback.

Signature _____ Date _____ -

In order to give this applicant full consideration, a prompt reply is needed.

**** An Equal Opportunity Employer****