

Red Wing Family YMCA Employment Application

434 Main Street
Red Wing, MN 55066
(651) 388-4724



An Equal Opportunity Employer

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GENERAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email: _____ Phone # (_____) _____

Are you authorized to work in the United States? _____

Are you at least 18 years old? _____ Are you at least 14 years old? _____

Have you ever been convicted of a crime? _____ If yes, please provide dates and details _____

Are you related to any current employees or board members? _____ If yes, name _____

How did you hear about this position? _____

EMPLOYMENT DESIRED

Position _____ Date Available _____

Full Time _____ Part Time _____ Seasonal (varies) _____ Casual (varies) _____

Please indicate the hours in which you are available to work (Facility hours vary from 4:30 am - 10 pm)

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Other areas in which you would be qualified (check all that apply):

_____ Customer Service _____ Certified Fitness Instructor

_____ Child Watch 1 (ages 6 weeks-3yrs) _____ Youth Sports

_____ Child Watch 2 (ages 3yrs-8yrs) _____ Y School Age Program- School Year / M-F

_____ Swimming Lesson Instructor _____ Day Camp Counselor- Summer/ M-F

_____ Certified Life Guard _____ Summer Recreation- Summer / June-July

_____ Maintenance _____ Camp Pepin Counselor- Summer Resident

_____ Wellness Center Desk Staff _____ Office Administration

_____ Peach Tree Licensed Childcare _____ Certified Personal Trainer

EDUCATION

| | Name and Location of School | Years Completed | Degree/Major |
|-----------------|-----------------------------|-----------------|--------------|
| High School | _____ | _____ | _____ |
| College | _____ | _____ | _____ |
| Graduate School | _____ | _____ | _____ |

EMPLOYMENT HISTORY

Provide the following information to your past three (3) employers, assignments or volunteer activities, starting with the most recent. If a resume is provided, the information must still be completed. If more relevant work history is further back, use the "skills" portion on next page.

| | | | |
|--|--------------------|-------------------|-----------------|
| From | To | Employer | |
| Complete Address | | Telephone # | |
| May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | Supervisor | | |
| Starting Rate/Salary | Starting Job Title | Final Rate/Salary | Final Job Title |

Summarize your job responsibilities

Reason for Leaving

| | | | |
|--|--------------------|-------------------|-----------------|
| From | To | Employer | |
| Complete Address | | Telephone # | |
| May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | Supervisor | | |
| Starting Rate/Salary | Starting Job Title | Final Rate/Salary | Final Job Title |

Summarize your job responsibilities

Reason for Leaving



| | | | |
|--|--------------------|-------------------|-----------------|
| From | To | Employer | |
| Complete Address | | | Telephone # |
| May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor | |
| Starting Rate/Salary | Starting Job Title | Final Rate/Salary | Final Job Title |

Summarize your job responsibilities

Reason for Leaving

SKILLS

List all specials licenses, permits, certifications, and level or credit hours (CPR, Lifeguard, First Aid, Group Fitness, etc. Proof of these accomplishments will be required if hired)

| <u>TYPE</u> | <u>LEVEL</u> | <u>EXPIRATION DATE</u> |
|-------------|--------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Summarize any other trainings, computer or special skills related to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience.

Please list languages, other than English, that you are able to speak, translate or teach.

| | |
|-----------|---|
| Language: | Ability: |
| _____ | <input type="checkbox"/> Speak <input type="checkbox"/> Translate conversations <input type="checkbox"/> Translate Documents <input type="checkbox"/> Teach to others |
| _____ | <input type="checkbox"/> Speak <input type="checkbox"/> Translate conversations <input type="checkbox"/> Translate Documents <input type="checkbox"/> Teach to others |
| _____ | <input type="checkbox"/> Speak <input type="checkbox"/> Translate conversations <input type="checkbox"/> Translate Documents <input type="checkbox"/> Teach to others |

REFERENCES

List two (2) professional references that are not past employers (ex: teachers/professors, customers/clients, coaches, clergy, etc.) and one (1) family member reference.

| | 1 | 2 | 3 |
|-----------------|---|---|---|
| Name | | | |
| Address | | | |
| Phone # | | | |
| Relation | | | |
| How long Known? | | | |

COMPLETE IF APPLYING TO WORK WITH CHILDREN

Why do you want to work with children?

Do you have a preference for working with a particular age group and/or sex? _____

Why?

What do you do when you are upset or angry about something?

Other than through employment, how are you involved with children?

Are you a pedophile or child abuser? _____

Have you ever been convicted of a crime involving a child? _____

If yes, please explain.

Is there anything else that would be important for the YMCA to know?

STATEMENT OF APPLICATION

I certify that all information I have provided in order to apply for and secure work with the Red Wing Family YMCA is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature

Date

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