

La Crosse Area Family YMCA Employment Application



Last Name: _____ First Name: _____ MI: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Permanent Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Other Phone: _____ Email Address: _____

Please indicate your preferred facility:

YMCA La Crosse

YMCA North

Both Facilities

Please indicate the departments in which you would like to be considered for employment:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wellness Center | <input type="checkbox"/> Aquatics (WSI/Guard) | <input type="checkbox"/> Family Fun Center (Y La Crosse) |
| <input type="checkbox"/> Fitness Instructor | <input type="checkbox"/> School Age Child Care | <input type="checkbox"/> Prime Time Center (Y North) |
| <input type="checkbox"/> Adults Leagues | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Y Child Watch | <input type="checkbox"/> Custodian/Housekeeping |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Preschool Classes | <input type="checkbox"/> Office |
| <input type="checkbox"/> Teen Programming | <input type="checkbox"/> Summer Day Camp Counselor | <input type="checkbox"/> Member Services Desk |

Are you at least 18 years of age? Yes No If no, date of birth: _____

Have you previously applied for employment at any YMCA? Yes No If yes, where? _____

Have you previously worked for any YMCA? Yes No If yes, when and where? _____

AVAILABILITY

Date available to start: _____ Full Time Part Time Total Hours per week: _____
 (Please list specific hours you are available to work)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you authorized to work in the United States? Yes No How did you hear of the job? _____

Are you a veteran? Yes No If yes, dates of military service: _____

Have you ever been convicted of a felony? Yes No If yes, please explain _____

EDUCATION

	Name & Address or each school listed	Dates	Course of Study	Graduated Y / N	Degree Received
High School		From: To:			
Vocational/ Technical School		From: To:			
College/ University		From: To:			
Graduate School		From: To:			

EMPLOYMENT HISTORY (List your last 4 employers, beginning with the most recent)

Employer: _____ Telephone: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Job duties: _____ Start Date: _____ End Date: _____
Reason for leaving: _____ Starting Wage: _____ Ending Wage: _____
Employer: _____ Telephone: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Job duties: _____ Start Date: _____ End Date: _____
Reason for leaving: _____ Starting Wage: _____ Ending Wage: _____
Employer: _____ Telephone: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Job duties: _____ Start Date: _____ End Date: _____
Reason for leaving: _____ Starting Wage: _____ Ending Wage: _____
Employer: _____ Telephone: _____ Supervisor: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Job duties: _____ Start Date: _____ End Date: _____
Reason for leaving: _____ Starting Wage: _____ Ending Wage: _____

List all current or special licenses, permits, and/or certifications held. (CPR, Lifeguard, First Aid, etc.)

<u>Type</u>	<u>Level</u>	<u>Expiration Date</u>

REFERENCES

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Telephone: _____	Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____	Relationship: _____
Years known: _____	Years Known: _____	Years Known: _____

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge; and that my employment is subject to proof of eligibility for employment in the United States. Further, I understand and agree that if employed, my employment would be solely employment at will for no definite period and may be terminated at any time without previous notice. I AUTHORIZE the La Crosse Area Family YMCA to contact and obtain information from all references, employers, educational institutions, and law enforcement agencies, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the La Crosse Area Family YMCA and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing and disclosing such information. I hereby acknowledge that I have read and understood the above statements and that I voluntarily submit this application.

Signature: _____ Date: _____