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ITASCA COUNTY FAMILY YMCA

APPLICATION FOR EMPLOYMENT

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, gender, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal, or local law. It is the intent of the Itasca County Family YMCA to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

PERSONAL DATA (Please print)				
Name (first, middle initial, last)				
Preferred Name and Pronouns				
Street Address				
City, State, Zip				
Phone Numbers (cell, home , work)		Email:		
Do you have a high school diploma of	or GED? Yes No	Are you 18 or over? Yes	No	
Are you authorized to work in the U	nited States on an unrestricted basis	? Yes No		
	QUALIFICA	TIONS		
Please list any education or tr	aining, such as schools, colleges, deg	rees, vocational or technical progran	ns, and military training.	
School or Training Name	Degree (Y/N or Type)	City/S	tate	
POSITION APPLYING FOR & SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, teams, etc.)				
	REFEREN	ICES		
Please list 2-3 professional refer	rences not related to you. If you don'		se list personal references.	
Name	Address (City/State)	Phone	Relationship	

WORK HISTORY Please start with your present or most recent employer and work back. (Volunteer work may be included.)				
Job Title				
Job Title	Start Date (mo/yr)	End Date (mo/yr)		
Company Name	Supervisor	Phone Number		
City	State	Zip		
Duties				
Reason for Leaving				
May we contact your present employer?YesNoN/A				
Job Title	Start Date (mo/yr)	End Date (mo/yr)		
Company Name	Supervisor	Phone Number		
City	State	Zip		
Duties				
Reason for Leaving				
Job Title	Start Date (mo/yr)	End Date (mo/yr)		
Company Name	Supervisor	Phone Number		
City	State	Zip		
Duties				
Reason for Leaving				
Job Title	Start Date (mo/yr)	End Date (mo/yr)		
Company Name	Supervisor	Phone Number		
City	State	Zip		
Duties	L			
Reason for Leaving				
My signature below certifies that the information I have prefalsification or misrepresentation will result in disqualification				

Applicant Signature Date 1.1.24