



ITASCA COUNTY FAMILY YMCA

APPLICATION FOR EMPLOYMENT/VOLUNTEER

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 or GED? ☐ Yes ☐ No Are you 18 or over? ☐ Yes ☐ No

Are you authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No

QUALIFICATIONS

Please list any education or training, such as schools, colleges, degrees, vocational or technical programs, and military training.

School or Training Name

Degree (Y/N or Type)

City/State

POSITION APPLYING FOR: _____

List volunteer experience or special skills that you feel would help you in the position that you are applying for (leadership, teams, etc.)

REFERENCES

Please list **2-3 professional references** not related to you and **1 personal reference**. (Teachers may be professional references.)

Name

Address (City/State)

Email & Phone

Relationship

WORK HISTORY

Please start with your present or most recent employer and work back. *Please include volunteer work.*

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? ____Yes ____No ____N/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		
Reason for Leaving		

My signature below certifies that the information I have provided on my application form is true and correct. I understand that falsification or misrepresentation will result in disqualification of consideration or dismissal. This organization has **zero tolerance** for abuse and will not tolerate the mistreatment or abuse of consumers in its programs.

Applicant Signature

Date