



**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	
Street Address	
City, State, Zip	
Phone Numbers (cell, home , work)	Email:
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No      Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the United States on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> 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		

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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