



Brainerd Family YMCA Employment/Volunteer Application

602 Oak Street
Brainerd MN 56401
218-829-4767

PERSONAL INFORMATION

Name: Please PRINT or TYPE		Home Telephone Number	Cell Number
<i>Last-</i>	<i>First-</i>	<i>Middle-</i>	
ADDRESS: Street Number and name, City, State, Zip Code		# years at present address	Business Number
PREVIOUS ADDRESS: Street Number and name, City, State, Zip Code		# years at previous address	
Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Email address	Today's Date / /

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary/Wage Desired
<input type="checkbox"/> Member Services Desk <input type="checkbox"/> Youth Programs <input type="checkbox"/> Adult Programs <input type="checkbox"/> Child Care <input type="checkbox"/> LifeGuard <input type="checkbox"/> Swim Instructor <input type="checkbox"/> Fitness Instructor <input type="checkbox"/> Maintenance/Custodial <input type="checkbox"/> Day Camp Counselor <input type="checkbox"/> Other _____		
Full Time _____ (40 hrs per week) Part Time _____ (Less than 40 hrs per week) Volunteer _____ (min.4hrs./wk)		
Seasonal: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?		Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and where?
How were you referred to the YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below)		
_____ Name of Employee: _____		

Please indicate the hours you are available to work during both days and evenings:
(Facility hours vary between 5:30 a.m. – 9:45 p.m. & custodial hours vary between 9 p.m. – 4 a.m.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days							
Evenings							

EDUCATION & TRAINING

School name & location	Years Attended From To	Graduate? (Yes/No)	What Degree	Major/Subject Total Years (if applicable)
Elementary				
High School				
College/University				
College University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall college scholastic average
Additional Education, vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations). Supplement this information by written attachment if applicable.				
Computer Skills, i.e. Word, Excel, etc.:		Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:
List Special training or skills:

EMPLOYMENT DATA

Company Name	Phone No.	Dates of Employment From (mo/yr) To (mo/yr)	May we contact the employer?		
Address (Include Street, City, State, Zip Code)					
Job Title-Start		Job Title-Final	Base Rate of Pay	Start	Final
Supervisor (Name & Title)		Description of Job Duties			

Company Name	Phone No.	Dates of Employment From (mo/yr) To (mo/yr)	May we contact the employer?		
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Company Name	Phone No.	Dates of Employment From (mo/yr) To (mo/yr)	May we contact the employer?		
Address (Include Street, City, State, Zip Code)					
Job Title-Start		Job Title-Final	Base Rate of Pay	Start	Final
Supervisor (Name & Title)		Description of Job Duties			

REFERENCES

PROFESSIONAL/WORK REFERENCE WE MAY CONTACT

Must have 3 business and 1 family reference

All information must be provided to be considered for employment

Name	Address	Phone
Family Member	Address	Phone

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initials

I understand that my employment is contingent on the completion of a criminal history check and that the YMCA has the right to not hire or terminate my employment based on the findings of the background check.

Initials

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initials

If employed by the Brainerd Family YMCA I will abide by all YMCA policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initials

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the options of the YMCA or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Initials

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Brainerd Family YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

_____/_____/_____
Date of Application