



ALBERT LEA FAMILY Y

Application for EMPLOYMENT

NAME: _____ Date: _____

Address, City, State, Zip: _____

Home Phone Number: _____ Cell Phone# _____

Date available to start _____ Salary Desired _____

Mark Position(s) Applying for:

- Customer Service Staff(Front Desk) Schools Out Program/Kids Day Off
- Lifeguard Swim Lesson Instructor
- Water Fitness Instructor Fitness Trainer
- Aerobics Instructor Summer Camp Staff
- Youth Sport Program – please place a check by the sports you are interested in:
 Basketball Football volleyball soccer Track/Field
- Youth Sport Official – please place a check by the sports you are interested in:
 Basketball Football volleyball soccer
- Adult Sports Custodian/Maintenance Volunteer
- Other _____

Have you previously been employed by the Albert Lea Family Y or any other YMCA? Yes No
If yes, when and what position _____

What certifications or licenses do/did you possess? (List expiration date)

Do you know a second language(s): No Yes If Yes, please list _____

Are you Legally Entitled to work in the United States? Yes No

REFERENCES – (non-related)

Name and Occupation	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE:

Employing Firm _____ Address _____ Phone Number _____ Your Title _____ Supervisor's Name and Title _____ _____ Number and Type of positions you supervised _____ _____ Principal Responsibilities _____ _____ _____ _____	<p align="center">Length of Employment:</p> From _____ Month Day Year To _____ Month Day Year Hours per week: _____ Hourly wage: _____ Reason for leaving: _____ _____ _____ _____
Employing Firm _____ Address _____ Phone Number _____ Your Title _____ Supervisor's Name and Title _____ _____ Number and Type of positions you supervised _____ _____ Principal Responsibilities _____ _____ _____ _____	<p align="center">Length of Employment:</p> From _____ Month Day Year To _____ Month Day Year Hours per week: _____ Hourly wage: _____ Reason for leaving: _____ _____ _____ _____

Educational Background: Circle the highest grade **COMPLETED!!!**

High School	College	Post-Graduate	Did you graduate from High School?
8 9 10 11 12	13 14 15 16	MA MS PHD	Yes___ No___

Name of High School _____

List High School activities _____

Name of college, university, technical, vocational, and/or business school(s) attended?

School _____ Course of study _____

Did you graduate? Yes___ No___ Degree received if any _____

List any relevant volunteer experience: _____

We authorize investigation of all statements contained in this Application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. To the best of my knowledge all information on this application is true and accurate. EEO/Affirmative Action Employer

Your Signature

Date