

# St. Cloud Area Family YMCA

1530 Northway Drive  
Phn: (320) 253-2664

St. Cloud, MN 56303  
Fax: (320) 253-1252

## APPLICATION FOR EMPLOYMENT

The St. Cloud Area Family YMCA is an equal employment opportunity employer. No questions will be asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability or any other class of individuals protected by the law. This application will be current for 60 days. If you have not heard from this agency and still wish to be considered for employment at the end of 60 days, you must fill out a new application.

### PLEASE PRINT CLEARLY

Date: \_\_\_\_\_

\*All items with asteriks must be filled in completely.

Name\*: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address\*: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Permanent Address\*: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: Day\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Desired Position: \_\_\_\_\_ Date available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you presently employed?  Yes  No      May we inquire of your present employer?  Yes  No

Have you worked for this YMCA in the past?  Yes  No      Other YMCAs?  Yes  No

If Yes please list with dates/year(s) \_\_\_\_\_

Former Employers: (Below list your last 3 employers, start with the most recent.)

Start Date	End Date	Name/Address of Employer	Salary	Position	Reason for Leaving

### EDUCATION

Grade Level	Name/Location	Years (Dates) Attended	Graduated?	Major -Subject Studied

## REFERENCES

Give the names of at least three people not related to you whom you have known for at least one year.

Name	Address	City	Zip	Telephone	Business	Years Acquainted

Are you a U.S. citizen:  Yes  No if No, what type of Visa do you have? \_\_\_\_\_

Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony?  Yes  No If yes, describe the circumstances: \_\_\_\_\_

### PHYSICAL RECORD

Do you have any physical limitations that prevent you from performing any work for which you are being considered?  Yes  No  
If yes, what can be done? \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phn.: \_\_\_\_\_

I certify that the answers given by me to the foregoing questions and the statements are true and correct without omissions of information, I agree that the St. Cloud Area Family YMCA shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons' from all liability for any damage for issuing information. I understand that any misleading or incorrect statements may render this application void and if employed, may be cause for termination.

I understand that if employed by the St. Cloud Area Family YMCA, my employment will be for no definite period and may be terminated with or without cause and with or without notice at the option of myself or the St. Cloud Area Family YMCA. I further understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as contract by implication.

Dated: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Note: It is the policy of the St. Cloud Area Family YMCA to conduct routine background checks for perspective employees.

Received by: \_\_\_\_\_

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Admin.	Dpt.	RtdAd.	
Lgd _____	Rcvd _____	Rcvd _____	<b>Notes:</b>     
_____	BY _____	BY _____	
NTY _____			