



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winona Family YMCA Employment Application

Please complete all fields of this form if you do not have a resume

| | |
|---|--|
| Position(s) applying for: _____ | Date: _____ |
| Name: _____ | Address: _____ |
| Phone: _____ | Email: _____ |
| Are you eligible to work in the US? Yes No | Are you over 18? Yes No |
| Desired salary: \$ _____ | Available start date: _____ |
| Desired range of hours per week: _____ | Who referred you to this position? _____ |
| Hours available to work: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____ OR check this box if you have open availability | How did you hear about this position? _____ _____ _____ |
| Highest level of education: _____ | Major/area of study: _____ |
| Do you have any special certifications? (CPR, First Aid, Lifeguard, WSI, Fitness, Personal Trainer, other): _____ _____ | |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No | |
| Most recent employment history: | |

Submit completed form to the Front Desk or email info@winonaymca.org
 Winona Family YMCA | 902 Parks Avenue, Winona, MN 55987 | 507-454-1520

Revised September 2024

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|---|--------------------|
| <p>May we contact your current employer? Yes No</p> | |
| <p>1. Employer name: _____ Employment Dates: _____ Job title: _____ Reason for leaving: _____ Responsibilities & duties: _____ _____</p> | |
| <p>2. Employer name: _____ Employment Dates: _____ Job title: _____ Reason for leaving: _____ Responsibilities & duties: _____ _____</p> | |
| <p>3. Employer name: _____ Employment Dates: _____ Job title: _____ Reason for leaving: _____ Responsibilities & duties: _____ _____</p> | |
| <p>References (please include at least one personal or family reference):</p> <p>1. Name: _____ Email: _____ Phone: _____ Years known: _____ How you know them: _____</p> <p>2. Name: _____ Email: _____ Phone: _____ Years known: _____ How you know them: _____</p> <p>3. Name: _____ Email: _____ Phone: _____ Years known: _____ How you know them: _____</p> | |
| <p>List any other qualifying or specialized skills, knowledge, or experiences that would make you an ideal candidate:</p> <p>_____</p> <p>_____</p> | |
| <p>The Winona Family YMCA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. Your opportunity for employment with the Winona Family YMCA depends solely on your qualifications.</p> <p>By submission of this application, the Winona Family YMCA reserves the right of investigation of all statements contained in this application. The applicant should be of the understanding that any misrepresentation or omission of facts listed on this application or the attached for consideration, is cause for the dismissal of employment at any time without any previous notice. The submission of this application provides the Winona Family YMCA permission to contact previous employers (unless otherwise indicated), references, and hereby releases the Winona Family YMCA from any liability as a result of such contact.</p> | |
| <p>Signature: _____</p> | <p>Date: _____</p> |

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