



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 that includes this information

Position(s) applying for: _____	Date: _____
Name: _____	Address: _____
Phone: _____	Email: _____
Are you eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	How did you hear about this position? _____ _____ Volunteer experience: _____ _____ _____ _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 June 2025

Most recent or relevant employment history

May we contact your current employer? ☐ Yes ☐ No

1. Employer name: _____ Employment Dates: _____

Job title: _____ Reason for leaving: _____

Responsibilities & duties: _____

2. Employer name: _____ Employment Dates: _____

Job title: _____ Reason for leaving: _____

Responsibilities & duties: _____

3. Employer name: _____ Employment Dates: _____

Job title: _____ Reason for leaving: _____

Responsibilities & duties: _____

References (please include at least one personal or family, and at least one previous employer, if applicable):

1. Name: _____ Email: _____

Phone: _____ Years known: _____ How you know them: _____

2. Name: _____ Email: _____

Phone: _____ Years known: _____ How you know them: _____

3. Name: _____ Email: _____

Phone: _____ Years known: _____ How you know them: _____

List any other qualifying or specialized skills, knowledge, or experiences that would make you an ideal candidate:

The Winona Family YMCA is an equal employment opportunity employer. We make 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.

Initial Acknowledgement & Acceptance of Each Statement

☐ The Winona Family YMCA takes all allegations of abuse seriously. I will cooperate fully with all investigations, as well as expectations of reporting and cooperating with internal/external investigations.

☐ The Winona Family YMCA reserves the right to investigate all statements in this application. I understand 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 releases the Winona Family YMCA from any liability as a result of such contact.

Signature: _____

Date: _____

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