



Chippewa Valley Family YMCA
 611 Jefferson Ave • Chippewa Falls, WI 54729
 (715) 723-2201 - YMCA Office • (715) 723-5135 - Child Care

APPLICATION FOR EMPLOYMENT

Today's Date: _____

PERSONAL				
Last Name (print)		First Name	Middle Initial	Social Security Number
Address		City	State	Zip
Permanent Address (If other than above)		Telephone Number		
		Email Address		
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of birth _____		Are you a citizen of the U.S. or legally authorized to work in the U. S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn of our organization? _____		Have you ever worked for the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____		

GENERAL		
Position applied for:	Date available for work:	Salary Expected:
Applying for: Full Time _____ Temporary _____ Part Time _____ Casual _____	What shifts will you work? Days _____ Weekends _____ Evenings _____ Variable _____ Nights _____ On Call _____ Other _____	

EDUCATIONAL HISTORY				
SCHOOL	NAME OF SCHOOL AND LOCATION	LIST DIPLOMA DEGREE, OR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Include Military			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any academic honors or special awards you have received: 			College GPA:	
			Based on Possible Points::	

SPECIAL SKILLS

COMPLETE THE SECTION BELOW

INDICATE CERTIFICATIONS HELD AND TRAINING COMPLETED SKILLS BENEFICIAL TO THE JOB.

Circle Areas you wish to be considered for:

_Aquatics _ Child Care _Maintenance _Front Desk/Office _Fitness _Gymnastics _Wellness Other__

LIFEGUARD CERTIFICATE

YMCA_____ Expiration Date: ____

Red Cross_____ Expiration Date:____

AQUATIC INSTRUCTOR CERTIFICATIONS

_____ Expiration Date:_____

_____ Expiration Date:_____

CPR

_____ Expiration Date:_____

FIRST AID

_____ Expiration Date:_____

OTHER CERTIFICATIONS:

_____ Expiration Date:_____

FITNESS INSTRUCTOR CERTIFICATIONS:

_____ Expiration Date:_____

GYMNASTICS EXPERIENCE/CERTIFICATIONS

_____ Expiration Date:_____

CHILD CARE TRAININGS:

Infant/Toddler:_____

Other:_____

Experience working with children (List what, where & ages of children)

OFFICE:

Typing_____ W/P/M_____

Office Machines you can operate_____

Computer Experience (list programs used)_____

Other Secretarial/Clerical Skills you possess_____

MAINTENANCE: _____

OTHER: _____

EMPLOYMENT RECORD				
1. Present or Most Recent Employer DATE of HIRE _____ To _____	Name of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed : _____ _____ _____ _____			
	Reason for Leaving		Your name then (if different)	
2. Present or Most Recent Employer DATE of HIRE _____ To _____	Name of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed : _____ _____ _____ _____			
	Reason for Leaving		Your name then (if different)	
3. Present or Most Recent Employer DATE of HIRE _____ To _____	Name of Employer	Address	Telephone Number () -	
	Your Position	Last Supervisor	Starting Salary	Final Salary
	Description of Work Performed : _____ _____ _____ _____			
	Reason for Leaving		Your name then (if different)	
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				

REFERENCES

*LIST TWO PERSONS WHO ARE NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION WHICH YOU ARE APPLYING.
(DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER EMPLOYMENT HISTORY)*

NAME

HOME OR BUSINESS ADDRESS

TELEPHONE NUMBER

1. _____

2. _____

* * *

For Employer Use Only

(Reference Check)

<i>EMPLOYER</i>	<i>PERSON CONTACTED</i>	<i>RESULTS</i>
1		
2		
3		
<i>Interviewer name and Comments (Interview results)</i>		
1		
2		
3		

Thank you for applying at the

Chippewa Valley Family YMCA

