



Mankato Family YMCA

1401 South Riverfront Drive
Mankato, MN 56001

We Build Strong Kids, Strong Families, Strong Communities.

Phone (507) 387-8255

Fax (507) 387-2522

Last Name		First Name			Middle	Date Today	
						Date Available to Start	
Local Address		City	State	Zip Code	Phone Number	Best Time to Call	E-mail Address
Permanent Address		City	State	Zip Code	Phone Number	Best Time to Call	
Type of Position Desired?		Full-time/Part-time		How Many Hours a Week Are You Available to Work?		Length of Employment Desired	
						Months _____ Years _____	
Availability (list specific hours for each day)							
Monday:		_____		Friday:		_____	
Tuesday:		_____		Saturday:		_____	
Wednesday:		_____		Sunday:		_____	
Thursday:		_____					
Salary Range Desired?		Are You Age 18 or Over? Yes _____ No _____		Are you Legally Permitted to Work in the U.S.? Yes _____ No _____		Have You Been Convicted of a Felony in the Past Seven (7) Years? Yes _____ No _____ If yes, please explain _____	
_____ Hour							
_____ Annually							
How Were You Referred to the YMCA?		Have You Ever Been Employed By a YMCA? If so, where? _____ Dates _____			Are You Currently Employed? Yes _____ Where? _____ No _____		

Education and Skills

Name of School	City & State Located	Course of Study	Grade Completed	G.P.A.
High School				
College				
Graduate/Technical				
Business/Commercial etc.				
Summarize Special Skills and Qualifications Acquired from Employment or Other Experiences.				Are You a Member of the Military? Yes _____ No _____

OVER

Employment Record

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Services.

Employer: Address: Phone #:	Date From:	Salary Rate Starting:	Supervisor	Position Held / Major Responsibilities
Reason for Leaving? May We Contact This Employer?	To:	Ending:		
Employer: Address: Phone #:	Date From:	Salary Rate Starting:	Supervisor	Position Held / Major Responsibilities
Reason for Leaving? May We Contact This Employer?	To:	Ending:		
Employer: Address: Phone #:	Date From:	Salary Rate Starting:	Supervisor	Position Held / Major Responsibilities
Reason for Leaving? May We Contact This Employer?	To:	Ending:		
Employer: Address: Phone #:	Date From:	Salary Rate Starting:	Supervisor	Position Held / Major Responsibilities
Reason for Leaving? May We Contact This Employer?	To:	Ending:		

References (Do not list names of relatives or former employers)

Name	Telephone	Relationship	Occupation	Years Known
1				
2				
3				

Please Read Carefully and Sign

- 1) I authorize the Mankato Family YMCA to contact all persons and entities I have referred to in this application. I release the Mankato Family YMCA and those persons and entities from any liability regarding disclosure of information to the Mankato Family YMCA.
- 2) I certify and agree that:
 - a) The information provided in this application, any resume, or during interview(s) for employment is true, accurate, and correct.
 - b) Any false statements, misinterpretations, or omissions of information may result in the rejection of my application from further consideration, or my dismissal from employment.
 - c) I do not have any contractual commitments inconsistent with the position I am applying for, or have any business relations or outside activities that would prohibit me from performing the duties of my position.
- 3) I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with the Mankato Family YMCA is of an "at will" nature, which means that I may resign at any time and the Mankato Family YMCA may discharge me at any time with or without cause.

Signature _____

Date _____