



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WOODSON YMCA

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name:	Phone:
Address:	Number of years at present address?
Email:	

Requested Position: _____

Location:

Wausau Branch
707 Third Street
Wausau, WI 54403

Aspirus Branch
3402 Howland Avenue
Weston, WI 54476

Mosinee YMCA Community Pool
1000 High Street
Mosinee, WI 54455

Camp Sturtevant
2701 Northwestern Avenue
Wausau, WI 54403

Date available to start work:	
Have you ever applied at the WOODSON YMCA before? [] Yes [] No If yes, when?	Have you ever been employed by the Woodson YMCA before? [] Yes [] No If yes, when?
Are you authorized to work in the United States? [] Yes [] No	
Are you over 18? [] Yes [] No	If you are under 18, can you acquire a work permit? [] Yes [] No
Have you read the job description for the position to which you are applying? [] Yes [] No	
Are you able to perform all of these tasks without an accommodation? [] Yes [] No	
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need.	

EDUCATION AND TRAINING

	Years Attended		Graduate? (Yes/No)	GPA:
	From	To		
High School Name:				
College/University Name:				
Highest Degree Earned: (Circle One:) 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information: <i>(i.e. – language skills, leadership qualification, etc.)</i>				
Certifications and Special Training: list certifying agency and expiration date of certifications. <i>Proof of certifications may be requested upon employment.</i>				
<u>Certification</u>	<u>Certifying Agency</u>	<u>Expiration Date</u>		
First Aid	_____	_____		
CPR	_____	_____		
Lifeguard	_____	_____		
Child Care Status / Level	_____	_____		
Fitness	_____	_____		

U.S. MILITARY SERVICE

Branch:
List special training or skills:

REFERENCES

If your application is selected for employment consideration, are you able to provide a minimum of 3 credible references?

[] Yes [] No

NOTE: all reference checks by the WOODSON YMCA are completed through



EMPLOYMENT DATA

- most recent employment first -

Company Name	Start Date:	End Date:
Address:	Starting Pay:	Ending Pay:
Job Title:	Supervisor (Name & Title):	
Description of Job Duties:		

Company Name	Start Date:	End Date:
Address:	Starting Pay:	Ending Pay:
Job Title:	Supervisor (Name & Title):	
Description of Job Duties:		

Company Name	Start Date:	End Date:
Address:	Starting Pay:	Ending Pay:
Job Title:	Supervisor (Name & Title):	
Description of Job Duties:		

PRE-EMPLOYMENT CERTIFICATION

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA, areas provided for me (locker, desk, computer, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the YMCA, I understand my employment can be terminated, with or without cause and with or without notice, at any time, at the option of the YMCA or myself.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I understand the WOODSON YMCA is an Equal Opportunity Employer for all job openings without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the WOODSON YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

Applicant Signature

Date of Application

OPTIONAL

Help us get to know you a little better!

List leisure activities and clubs you are involved with: _____

What do you hope to accomplish in the next 5 years? _____

Please describe your experience for the position you are applying: _____

What inspired you to apply at the WOODSON YMCA? _____
