



WOODSON YMCA

APPLICATION FOR EMPLOYMENT

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Applicant Information:

Applicant Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Preferred Method of Communication: Email Call Text

Position(s) Interested in: _____

Please select the Woodson YMCA Locations you are interested in working at:

- | | | |
|--|--|--|
| <input type="checkbox"/> Wausau Branch
707 N. 3rd St.
Wausau, WI 54403 | <input type="checkbox"/> Aspirus Branch
3402 Howland Ave.
Weston, WI 54476 | <input type="checkbox"/> Camp Sturtevant
2701 Northwestern Ave.
Wausau, WI 54403 |
| <input type="checkbox"/> Mosiness YMCA Community Pool
1000 High St.
Mosiness, WI 54455 | <input type="checkbox"/> Antigo YMCA Community Pool
111 Western Rd.
Antigo, WI 54409 | <input type="checkbox"/> Weston Aquatic Center
<input type="checkbox"/> Rothschild/Schofield Aquatic Center |

Questions:

Date available to start work: _____

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

Education & Training:

High School Name: _____ City: _____ State: _____

Years Attended, From: _____ To: _____ Graduate? Yes No GPA: _____

College/University Name: _____ City: _____ State: _____

Years Attended, From: _____ To: _____ Graduate? Yes No GPA: _____

Highest Degree Earned: High School Associate Bachelor Some College Other

Additional Education, Vocational and/or Professional Information: (i.e. – language skills, leadership qualification, etc.)

List any certifications and/or special training you have, along with the expiration dates of those credentials. (i.e. – CPR, Lifeguard, Child Care, etc.)

U.S. Military Service

Branch: _____

References

If your application is selected for employment consideration, are you able to provide a minimum of 3 references? Yes No

Employment Data Start with most recent first. We will not contact your employer without your permissions to do so.

Company Name:	Start Date:	End Date:
Address:	Starting Pay:	Ending Pay:
Job Title:	Supervisor:	Title:
General Job Duties:		

Company Name:	Start Date:	End Date:
Address:	Starting Pay:	Ending Pay:
Job Title:	Supervisor:	Title:
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Address:	Starting Pay:	Ending Pay:
Job Title:	Supervisor:	Title:
General Job Duties:		

Optional Help us get to know you better!

How do you like to spend your free time?

Please describe your education and/or experience that makes you a good fit for this position:

What inspired you to apply at the Woodson YMCA?

Application 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. I give my permission to those parties to provide information concerning my experience as a former employee, student or other affiliation. I release all parties from any liability arising there from.

Signature: _____ **Date:** _____

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.

Signature: _____ **Date:** _____