



Minot Family YMCA
3515 16th Street SW
P.O. Box 69
Minot, ND 58702

APPLICATION FOR EMPLOYMENT

Last Name		First	Middle	Date
Street Address			Home Telephone ()	
City, State, Zip			Cell Number or Business Telephone ()	
Have you ever applied for employment with us? <input type="checkbox"/> Yes If yes: Month and Year _____ Location _____ <input type="checkbox"/> No			CPR Certified? <input type="checkbox"/> Yes If yes: Date Certified _____ <input type="checkbox"/> No Date Expires _____	
Position Desired				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date you will be available for work _____			Times/Days you would prefer to work: <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M. _____ <input type="checkbox"/> Weekends _____	
Have you ever been convicted of a felony, child abuse, or any crimes, which would cause a concern when working with children? <input type="checkbox"/> Yes If "Yes," describe in full. <input type="checkbox"/> No				

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

