


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

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone or Cell Number ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes If yes: Month and Year _____ Location _____ <input type="checkbox"/> No			Social Security #
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	



YMCA

We build strong kids,
strong families, strong communities.

EMPLOYMENT HISTORY

Company Name	Telephone ()
Address	Employed – (month and year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Describe Your Work _____	Reason for leaving

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May we contact employers the employers listed above? ___ Yes ___ No If no, indicate which one(s) you do not wish us to contact and reason _____

REFERENCES

Name	Occupation	Address	Phone Number

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature