



YMCA of VAN WERT COUNTY
EMPLOYMENT APPLICATION



TODAY'S DATE: _____

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	
Home Address		City	State Zip
Phone #	Cell Phone #	Date of Birth (if under 18)	
Position Applying For: _____			
Date Available: _____			
Are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> School Year (check all that apply)			

DAYS AND HOURS AVAILABLE: PLEASE WRITE IN AVAILABILITY

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM						
TO						

EDUCATION

TYPE OF SCHOOL	FULL NAME AND LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	# YRS ATTEND	GRADUATED ?
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

SPECIAL SKILLS AND TALENTS

<input type="checkbox"/> Computer Skills/Word Processing <input type="checkbox"/> Work well with others <input type="checkbox"/> Work well with children If applying in aquatics department, is Lifeguard/CPR current? <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER SPECIAL SKILLS AND HOBBIES _____ _____ _____
--

YMCA RELATED

Have you ever worked at the YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates, position, and supervisor: _____ Do you have any friends or family working here now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write their names and relationship _____ Why would you like to work for our YMCA? _____ _____ _____
--