

PERSONAL INFORMATION

## Application for Employment Clinton Community YMCA

We are an equal opportunity employer.

## FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Date:

Last Name:		First Name:			MI:
Address:		City:		State/Zip:	
Phone Number:		Alternate Phone:			
Social Security Number:		Email:			
EMPLOYMENT INFORI					,
Position Applied For:					·
Date Available to Start:		Type of Employment:		Full-Time Part-Time	Volunteer
Have you ever been convicted	Yes	No			
If Yes, please explain:					
Have you ever been employed	Yes	No			
Are you legally eligible for emp	try? Yes	No			
If you are under 18, do you have a work permit?					
EMPLOYMENT HISTOR	RY		· · · · · · · · · · · · · · · · · · ·		
EMPLOYER	ADDRESS			PHONE	
DATE (Start-End)	JOB TITLE			HOURLY RATE/SALAR	Y
Nature of work & responsibiliti	es				
Reason for Leaving	Supervisor				
EMPLOYER	ADDRESS			PHONE	
DATE (Start-End)	JOB TITLE			HOURLY RATE/SALARY	······································
Nature of work & responsibiliti	es				
Reason for Leaving	Supervisor				

## **EDUCATION** High School(s): Year Graduated; \_\_\_\_\_ College: Year Graduated: \_\_\_\_\_ Subjects/Degree:\_\_\_\_\_ REFERENCES Name Address Phone Relationship Name Address Phone Relationship Name Address Phone Relationship The following section is to be completed by applicant for an OFFICE POSITION Only: Can you type? \_\_\_\_\_ How many words per minute? \_\_\_\_\_ Computer Skills Mac\_\_\_\_\_ PC\_\_\_\_ Please provide computer software knowledge below: I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application. Signature of Applicant Date