



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VALPARAISO FAMILY YMCA 1201 Cumberland Crossing Drive, Valparaiso, IN 46383 219 462 4185 • FAX 219 477 4720 www.ValpoYMCA.org

PERSONAL INFORMATION

Name _____ Phone: (_____) _____
 Present Street Address _____ City _____ State ____ Zip Code _____ Years ____
 Previous Street Address _____ City _____ State ____ Zip Code _____ Years ____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Wage desired _____
 Are you employed now? No _____ Yes _____ Have you ever applied or worked for the YMCA before? No _____ Yes _____
 If yes, where? _____ When? _____
 If related to anyone in our employ or a board member, state their name and your relationship _____
 How did you learn about this position/employment opportunity with the YMCA? _____

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED (1-4)	DEGREE AND MAJOR
High School			
College			
Graduate School			

FORMER EMPLOYER

DATE Month & Year	List below your employment, starting with last one first. NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:	Name _____			
To:	Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____ Supervisor _____			
From:	Name _____			
To:	Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____ Supervisor _____			
From:	Name _____			
To:	Address _____ City _____ State _____ Zip _____ (_____) _____ Phone _____ Supervisor _____			

GENERAL

Special Skills: _____
 Certificates, licensures, etc. _____
 Can you work afternoon or evening shifts? No _____ Yes _____

