



603 South Second Street  
Mankato, MN 56001  
Phone (507) 345-4629  
Fax (507) 345-4630  
www.ywcamankato.org

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell number \_\_\_\_\_  
Position Applying for \_\_\_\_\_  
Applying for: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_  
(Please indicate hours available on availability worksheet, page 4)  
How many hours per week would you like to work? \_\_\_\_\_  
Have you ever been employed by a YWCA? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
How did you hear about this job? \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_ If so, why? \_\_\_\_\_  
Have you ever been convicted of any crime including a sex-related or child abuse related offense? \_\_\_\_\_

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High School: Name, Address, Year Completed, Currently Enrolled? Type of Degree?  
\_\_\_\_\_

College: Name, Address, Year Completed, Currently Enrolled? Field of Study? Type of Degree?  
\_\_\_\_\_  
\_\_\_\_\_

How many semesters of college have you completed? \_\_\_\_\_

Other: \_\_\_\_\_

Are you CPR certified? Yes No Are you certified in Infant/Child First Aid? Yes No  
Would you be willing to continue your education by enrolling in courses or other training program that may be recommended? Yes No

Employment History (list most recent first)

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Salary \_\_\_\_\_

Principle Responsibilities \_\_\_\_\_

May we contact this employer regarding your work record? Yes No

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Salary \_\_\_\_\_

Principle Responsibilities \_\_\_\_\_

May we contact this employer regarding your work record? Yes No

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Salary \_\_\_\_\_

Principle Responsibilities \_\_\_\_\_

May we contact this employer regarding your work record? Yes No

Please attach additional history if needed.

References

Please list people who know you well, preferably from a work environment. Please do not refer to an acquaintance or relative.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Certification

I authorize investigation of all statements in this qualification record if I am considered for employment. The companies or persons named herein are authorized to give information regarding me whether or not such information is part of their records and they are hereby released from all liability for issuing such information. I also understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or termination of employment.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Availability

Please indicate availability by shading in times **you are available**:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>6:30-7:00</b>					
<b>7:00-7:30</b>					
<b>7:30-8:00</b>					
<b>8:00-8:30</b>					
<b>8:30-9:00</b>					
<b>9:00-9:30</b>					
<b>9:30-10:00</b>					
<b>10:00-10:30</b>					
<b>10:30-11:00</b>					
<b>11:00-11:30</b>					
<b>11:30-noon</b>					
<b>Noon-12:30</b>					
<b>12:30-1:00</b>					
<b>1:00-1:30</b>					
<b>1:30-2:00</b>					
<b>2:00-2:30</b>					
<b>2:30-3:00</b>					
<b>3:00-3:30</b>					
<b>3:30-4:00</b>					
<b>4:00-4:30</b>					
<b>4:30-5:00</b>					
<b>5:00-5:30</b>					
<b>5:30-6:00</b>					

(Revised March 2007)

