

SHERIDAN COUNTY YMCA 417 North Jefferson Sheridan, WY 82801 (307) 674-7488 APPLICATION FOR EMPLOYMENT

Today's Date:

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Organization to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community

PERSONAL INFORMATION

lame: please print or	type)	Last	First		Ν	/iddle
urrent:						
ddress		Street	Apt. #	Boy	x #	No. of years at present address?
		City	State		ZIP	
revious:						
Address	Street		Apt. #	Box #		
						No. of years at previous
		City	State		ZIP	address?
river License:	State Issued:		Number:			
hone: (H)			_ If necessary for the position	applying for,	, are you over tl (circle one)	he age of : 15 18 21
hone: (C)			If hired, do you have a reliat	ole means of	transportation	to get to work? □ Yes □ No
		Can you, if	hired, submit verification of yo	our legal righ	t to work in the	United States? □ Yes □ No
	pending cas	ses or have	you ever been convicted of a r	nisdemeanor	, felony, child-at	ouse, or sex-related crime?
jo you nave	-		, will not necessarily disqualify y		, ,,	Ý 🗆 Yes 🗆 No

EMPLOYMENT DESIRED

For what position(s)/area(s) are you applying:	Date available to start	Salary desired	
Are you presently employed	Days & times available for work		
If yes, may we contact your employer? Yes No No, why?	Have you ever applied at this organization before? Yes No If yes, when?		
	Have you ever been employed by this organization before? Yes No If yes, when? 		

Please list personal qualities that would qualify you for this position:

Do you have any physical condition(s) which may limit your ability to perform the job applying for? (attach additional sheet if necessary)

EDUCATION AND TRAINING

School Name & Location	# of Years attended	Graduate (Yes/No)	Degree Earned
Elementary			
High School			
College/University			
College/University			
Highest Degree Earned (circle one number only):1. High School2.	Associate's 3. B	achelor's	4. Master's 5. Doctorate

EMPLOYMENT HISTORY: List your most recent position first (please do not "refer to resume")

Employer	Work Performed	
Address	Telephone	
Job Title	Supervisor	
Dates Worked: From: To:	May we contact this employer? Yes No	
Reason for Leaving		
Employer		Work Performed
Address	Telephone	
Job Title	Supervisor	
Dates Worked: From: To:	May we contact this employer? Yes No	
Reason for Leaving		
Employer		Work Performed
Address	Telephone	
Job Title	Supervisor	
Dates Worked: From: To:	May we contact this employer? Yes No	
Reason for Leaving		

REFERENCES: List 3 references you've known for at least 1 yr. (1) Family member (2) Supervisor/Co-Worker-w/in the past 2-3 yrs (3) Personal

Name	Address	Phone No.	Occupation	Years Acquainted

Applicant Statement: I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.