



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

Name: _____
 (please print or type) Last First Middle

Current: _____
 Address Street Apt. # Box #

_____ City State ZIP

Previous: _____
 Address Street Apt. # Box #

_____ City State ZIP

No. of years at present address? _____

No. of years at previous address? _____

Driver License: State Issued: _____ Number: _____

Phone: (H) _____ If necessary for the position applying for, are you over the age of : 15 18 21
(circle one)

Phone: (C) _____ If hired, do you have a reliable means of transportation to get to work? Yes No

Can you, if hired, submit verification of your legal right to work in the United States? Yes No

Do you have pending cases or have you ever been convicted of a misdemeanor, felony, child-abuse, or sex-related crime?
 If yes, please explain: (a conviction will not necessarily disqualify you) Yes No

EMPLOYMENT DESIRED

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

OVER, please

