



CHEYENNE FAMILY YMCA
 1426 EAST LINCOLNWAY
 CHEYENNE, WYOMING 82001

APPLICATION FOR EMPLOYMENT

IT IS THE POLICY OF OUR FACILITY TO RECRUIT, HIRE AND PROMOTE FOR ALL JOB CLASSIFICATIONS ON THE BASIS OF MERIT, QUALIFICATION AND COMPETENCE. THIS APPLIES TO ALL CATEGORIES OF EMPLOYMENT, SUCH AS MANAGERIAL, PROFESSIONAL, TECHNICAL, AND ALL OTHER STAFF. NO ASPECT OF EMPLOYMENT SHALL BE INFLUENCED BY RACE, COLOR, NATIONAL ORIGIN, RELIGION, GENDER, AGE OR A QUALIFIED PHYSICAL OR MENTAL HANDICAP. ALL EMPLOYMENT DECISIONS WILL BE MADE SOLELY UPON THE BASIS OF THE INDIVIDUAL'S QUALIFICATIONS AS RELATED TO THE REQUIREMENTS OF THE POSITION BEING FILLED.

PERSONAL INFORMATION (PLEASE PRINT) DATE OF APPLICATION _____

NAME _____ SOCIAL SECURITY NUMBER _____
 LAST FIRST MIDDLE INITIAL

OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED _____

ADDRESS _____
 NUMBER STREET CITY STATE ZIP

PHONE (_____) _____ ARE YOU 18 YEARS OR OLDER? YES NO MALE FEMALE

DEPARTMENT DESIRED _____
 POSITION AND/OR _____
 DEPARTMENT _____ DATE YOU CAN START _____ SALARY DESIRED _____

SHIFTS YOU ARE AVAILABLE TO WORK: DAYS EVENINGS WEEKENDS
 FULL TIME PART TIME TEMPORARY

DAY(S) OF THE WEEK YOU ARE AVAILABLE TO WORK _____

DATE AVAILABLE: _____ HAVE YOU EVER BEEN EMPLOYED BY A YMCA? YES NO

IF YES, GIVE YMCA ADDRESS _____ DATES OF EMPLOYMENT _____

PERSONAL RECORD

HAVE YOU BEEN CONVICTED OF A CHILD ABUSE OR UNLAWFUL SEXUAL BEHAVIOR? YES NO

IF YES, EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN _____

IF AN EMPLOYEE IS FOUND TO HAVE A CRIMINAL RECORD NOT LISTED ABOVE, EMPLOYMENT WILL BE TERMINATED.

RELATIVES EMPLOYED BY OR ON THE BOARD OF THE CHEYENNE FAMILY YMCA:

NAME	RELATIONSHIP	DEPARTMENT

PERSONAL REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

	NAME	ADDRESS	PHONE	OCCUPATION
1				
2				
3				

EDUCATION

	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR OTHER SCHOOL				

SUBJECTS OF SPECIAL STUDY

MILITARY SERVICE

BRANCH _____ RANK _____ DATES OF ENLISTMENT _____

ARE YOU PRESENTLY ENLISTED IN THE NATIONAL GUARD OR RESERVES? _____

EMPLOYMENT HISTORY: LIST PAST THREE EMPLOYERS. LIST PRESENT OR MOST RECENT EMPLOYER FIRST. INCLUDE MILITARY EMPLOYMENT, TEMPORARY AND PART TIME EMPLOYMENT, AS WELL AS FULL TIME POSITIONS.

ARE YOU PRESENTLY EMPLOYED? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____



PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IFYES PLEASE DESCRIBE: _____

LIST ANY OTHER DETAILS WHICH SHOULD BE CONSIDERED IN VIEW OF YOUR QUALIFICATIONS. INCLUDE PROFESSIONAL AFFLICTIONS, HONORS AND AWARDS, PUBLICATIONS, ETC.

WHAT SKILLS DO YOU HAVE THAT YOU WOULD LIKE TO BRING TO THE YMCA?

CERTIFICATION: I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE, CORRECT AND WITHOUT OMISSIONS. I AUTHORIZE THE CHEYENNE FAMILY YMCA TO INVESTIGATE THE FOREGOING, AND ANY OTHER INFORMATION WHICH MIGHT ASSIST THEM TO DETERMINE MY QUALIFICATIONS FOR EMPLOYMENT. I RELEASE THE CHEYENNE FAMILY YMCA AND MY FORMER EMPLOYERS, AND ALL OTHERS FROM ANY LIABILITY FOR DAMAGE WHICH MAY RESULT FROM SUCH INVESTIGATIONS. IF, UPON INVESTIGATION, ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND I WILL BE SUBJECT TO TERMINATION AT ANY TIME DURING THE PERIOD OF EMPLOYEMNT.

I AUTHORIZE THE CHEYENNE FMAILY YMCA TO OBTAIN FROM ANY LAW ENFORCEMENT AGENCY ANY INFORMATION ON ME YOU DEEM IMPORTANT TO MY PROSPECTIVE EMPLOYMENT.

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE
THE CHEYENNE FAMILY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER.

DATE

FOR YMCA USE ONLY—DO NOT WRITE BELOW THIS LNE

INVERWIED BY: _____

DATES: _____

HIRED YES NO POSITION: _____ DEPARTMENT _____

SALARY _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____
DEPARTMENT HEAD DIVISION HEAD

