



**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

No. of years at present address? \_\_\_\_\_

**Previous:** \_\_\_\_\_  
**Address** Street Apt. # Box #

\_\_\_\_\_ City State ZIP

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**

## 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 School    2. Associate's    3. Bachelor'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		

### PERSONAL REFERENCES: List three adult persons not related to you, whom you have known at least one year.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date