



Application for Employment

The Lawton Family YMCA is an Equal Opportunity Employer

Please Read Before Completing Application

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 YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

Personal Information

Name _____ Home Phone _____
Last First Middle

Address _____ Cell Phone _____
Street

_____ E-mail _____
City State Zip

Are you over 18? Yes No Are you authorized to work in the United States? Yes No
(If you are hired you will be required to furnish proof of your employment eligibility)

Other names used during prior employment _____
Maiden name, Other surnames, etc.

Are you currently a member of the Lawton Family YMCA? Yes No

Are there any tasks you may be required to perform that may require accommodation? Yes No

If yes, please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need. _____

Have you ever pleaded guilty to, or been convicted of a felony? Yes No
(A conviction will not necessarily disqualify you) If yes, please complete section I on page 3

Employment Desired

Position Desired _____ Part time Full time Temporary

Date Available ___/___/___ Acceptable Salary _____ Notice Required? Yes No

If applying for seasonal work, are you available to work during the school term? Yes No

Are you presently employed? Yes No If yes, may we contact your current employer? Yes No

Have you ever applied for employment at a YMCA before? Yes No

Have you ever worked for any YMCA before? Yes No (If yes, please complete section II on page 3)

How were you referred to the Lawton Family YMCA?

Employee Advertisement School Drop-In Agency Other

Name of referral source, person, agency, etc. _____

Education & Training

School Name & Location	Years Attended FROM TO		Graduate? (YES/NO)	Degree Earned	Major/Minor Total CR Hrs.
Elementary					
Middle School					
High School					
College/University					
College/University					
Highest Degree Earned: (Circle one) High School Associate Bachelor Master Doctorate					College GPA:

Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please also describe your foreign language skills below.

Professional memberships, certifications, or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.

Keyboarding WPM: _____	Computer Skills/Training (Web Design, Publisher, Excel, Photoshop, etc.)	Other machines/certifications requiring special skills not listed previously:
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Military Service Data

Branch : _____ Dates of Service: ___/___/___ to ___/___/___

List Special Training or Skills: _____

Additional Personal And Employment Data Requested

Section I

Convictions (a conviction will not necessarily disqualify you)

Have you ever pleaded guilty to or been convicted of a felony? Yes No

If yes, please furnish us with the date(s) and circumstances: _____

Have you ever pleaded guilty to or been convicted of assault, child abuse, spousal abuse or a sexual crime?

Yes No

If yes, please furnish us with the date(s) and circumstances: _____

Section II

Prior YMCA Employment—Please fill out the requested information as completely as possible

Name of past YMCA Employer _____ City, State _____

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Were you enrolled in YMCA Retirement? Yes No

If yes, under what name? _____

Please list any YMCA Training(s) you may have received _____

Section III

Describe any non-employment activities you have been engaged in that might strengthen your application. Include sports or hobbies in which you have participated (past and/or present) if they pertain to your application. _____

Employment Data

Please list most recent employment first

Company Name:	Phone #: ()	Dates of Employment (mo/yr) From: To:	Personnel Use Only:
Address (include Street, City, State, Zip Code)			
Job Title Start:	Job Title Final:	Base Rate of Pay Start: Final:	
Supervisor (Name, Title, & Contact info, if different than above) _____ _____			
Description of Job Duties: _____ _____			
Company Name:	Phone #: ()	Dates of Employment (mo/yr) From: To:	Personnel Use Only:
Address (include Street, City, State, Zip Code)			
Job Title Start:	Job Title Final:	Base Rate of Pay Start: Final:	
Supervisor (Name, Title, & Contact info, if different than above) _____ _____			
Description of Job Duties: _____ _____			
Company Name:	Phone #: ()	Dates of Employment (mo/yr) From: To:	Personnel Use Only:
Address (include Street, City, State, Zip Code)			
Job Title Start:	Job Title Final:	Base Rate of Pay Start: Final:	
Supervisor (Name, Title, & Contact info, if different than above) _____ _____			
Description of Job Duties: _____ _____			
Company Name:	Phone #: ()	Dates of Employment (mo/yr) From: To:	Personnel Use Only:
Address (include Street, City, State, Zip Code)			
Job Title Start:	Job Title Final:	Base Rate of Pay Start: Final:	
Supervisor (Name, Title, & Contact info, if different than above) _____ _____			
Description of Job Duties: _____ _____			

Child Care Supplemental

Complete if applying to work with children
(Child Watch, My Tyme, Camps, Afterschool, Climbing Tower, etc)

Applicant Name _____ Last _____ First _____ Middle _____ Date _____

Why do you want to work with and care for children? _____

With what age group or gender do you prefer to work? Why? _____

How would you describe yourself? _____

What other business, personal experiences, or trainings have you had that may have prepared you for this position?

List other cities, counties and states where you have worked:

City	County	State	Number of years
_____	_____	_____	_____
_____	_____	_____	_____

Please list all other organizations or employers (not listed on page 4) where you have experience in working with children.

Name of Employer/Organization:	Phone #:	Dates of Employment (mo/yr) From ___/___/___
Number of Children: _____ Age Group: _____ Gender: _____ Approx. Hrs/Day w. kids _____		To ___/___/___
Supervisor (Name, Title, & Contact info, if different than above) _____		
Description of Job responsibilities: _____ _____		
Name of Employer/Organization:	Phone #:	Dates of Employment (mo/yr) From ___/___/___
Number of Children: _____ Age Group: _____ Gender: _____ Approx. Hrs/Day w. kids _____		To ___/___/___
Supervisor (Name, Title, & Contact info, if different than above) _____		
Description of Job responsibilities: _____ _____		
Name of Employer/Organization:	Phone #:	Dates of Employment (mo/yr) From ___/___/___
Number of Children: _____ Age Group: _____ Gender: _____ Approx. Hrs/Day w. kids _____		To ___/___/___
Supervisor (Name, Title, & Contact info, if different than above) _____		
Description of Job responsibilities: _____ _____		

Reference Data

Professional work references we may contact:

Name	Address	Phone ()
Name	Address	Phone ()
Name	Address	Phone ()
Name	Address	Phone ()

Pre-employment Certification

Please Read & Initial/Sign

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

INITIAL: _____

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

INITIAL: _____

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

INITIAL: _____

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

INITIAL: _____

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

INITIAL: _____

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

INITIAL: _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application