



# 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: \_\_\_\_\_ Phone(1): \_\_\_\_\_ Phone (2): \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you over the age of 18? Yes No Are you authorized to work in the U.S? (proof is required if hired)?  
Yes No

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 you will need an accommodation to perform, and what type of accommodation you will need: \_\_\_\_\_  
 \_\_\_\_\_

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

### Military Service Data

Branch: \_\_\_\_\_ Dates of Service: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

List Special Training or Skills: \_\_\_\_\_  
 \_\_\_\_\_

## Employment Desired

Position Desired: \_\_\_\_\_  Part Time  Full Time  Seasonal If yes, can you work during school term?  Yes  No

Date Available: \_\_\_/\_\_\_/\_\_\_ Acceptable Pay: \_\_\_\_\_ Notice Required?  Yes  No

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

How were you referred to the Lawton Family YMCA?

Employee  Advertisement  School  Drop-In  Agency  Other

Name of referral source, person agency etc.: \_\_\_\_\_

## Availability

Please fill out the availability based off school schedules, and other work schedules or obligations. In the blanks write the hours in which you are available on that day. If you are not available at all that day write "N/A" if you have no other obligations write "any".

Our hours of operation are Monday- Friday 5:15am-9pm, Saturday 7:00am-7:00pm and Sunday 1:00-6:00pm

The only department that has a shift within all the hours is the Welcome Center. If you are applying for another department please visit our website to see what hours that specific department is open.

Monday availability: \_\_\_\_\_

Tuesday availability: \_\_\_\_\_

Wednesday Availability: \_\_\_\_\_

Thursday Availability: \_\_\_\_\_

Friday Availability: \_\_\_\_\_

Saturday Availability: \_\_\_\_\_

Sunday Availability: \_\_\_\_\_

## Prior YMCA Employment.

If you have never been hired at another YMCA please move to page 3.

Name of past YMCA Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates of employment: \_\_\_/\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education and Training**

School Name & Location	Years Attended		Graduated?	Degree Earned	Major/ Minor
	From	To	(YES/NO)		
High School					
College/ University					
College University					

Highest Degree Earned:  GED  High School  Associate  Bachelor  Master  Doctorate

College GPA: \_\_\_\_\_ Keyboarding WPM: \_\_\_\_\_ CPR/First Aid Certified?  Yes  No Exp. date: \_\_\_\_\_

Computer Skill/Training (Web Design, Publisher, Excel, Photoshop, etc.) : \_\_\_\_\_

**Convictions-** If you have plead guilty or convicted of a felony, please move to the next section.

A conviction will not necessarily disqualify you, please answer honestly.

Please furnish us with the date(s) and circumstances: \_\_\_\_\_

\_\_\_\_\_

Have you ever plead 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: \_\_\_\_\_

\_\_\_\_\_

**Child Care Supplemental-** Complete only if you are applying to work with children.

Why do you want to work with children? \_\_\_\_\_

\_\_\_\_\_

How would you describe yourself? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Employment Data

Company Name: _____	Phone: _____	Date of Employment: _____ to _____
Job Title and Pay Start: _____	Job Title and Pay Finish: _____	
Supervisor (name, title, and contact info): _____		
Description of Job Duties: _____		

Company Name: _____	Phone: _____	Date of Employment: _____ to _____
Job Title and Pay Start: _____	Job Title and Pay Finish: _____	
Supervisor (name, title, and contact info): _____		
Description of Job Duties: _____		

Company Name: _____	Phone: _____	Date of Employment: _____ to _____
Job Title and Pay Start: _____	Job Title and Pay Finish: _____	
Supervisor (name, title, and contact info): _____		
Description of Job Duties: _____		

**Reference Data-** Please list professional work references we may contact, do not list family or friends if they did not employ you.

Name: _____	Phone: _____	Dates employed ___/___ to ___/___
Name: _____	Phone: _____	Dates employed ___/___ to ___/___
Name: _____	Phone: _____	Dates employed ___/___ to ___/___

## Pre-employment Agreement

<p>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. 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, break room, etc.) are open to investigation by the YMCA without prior notice to me.</p>	
Applicant Signature: _____	Date: _____