



Welcome  
**YMCA** to the  
 of  
 Central Lincoln County

*We build strong kids,  
 strong families,  
 and strong communities*

**APPLICANT INFORMATION**

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available			Desired Salary	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked at a YMCA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

**EDUCATION**

High School				
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE**

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kinds whatsoever. I authorize investigation of the statements I have made herein.

I understand if I am employed by the Central Lincoln County YMCA, I am considered an "at-will" employee, and I may be terminated at any time with or without notice, and with or without cause.

Signature	Date
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