



LAKE COUNTY YMCA Employment Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHANGE LIVES INCLUDING YOUR OWN

NOTICE TO APPLICANTS: The Lake County YMCA maintains a "**ZERO TOLERANCE**" for child abuse. criminal background checks and other federal and/or state screenings WILL BE conducted.

PERSONAL INFORMATION

Are you 18 years or older? Yes No

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Have you ever applied to the Lake County Y before? Yes No

Have you ever worked for the Lake County Y or any other Y? Yes No

If yes, provide dates and location (s):

Have you ever volunteered for the Lake County Y or any other Y? Yes No

If yes, provide dates and location (s): _____

If hired, and you are under 18 years of age, can you provide a work permit? Yes No

If hired, can you provide proof of identity and authorization to work in the United States? Yes No

EMPLOYMENT DESIRED

What Position Are You Applying For?: _____

Date Available To Start: _____ Hours Available Per Week: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

EDUCATION & TRAINING

NAME OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE RECEIVED	MAJOR SUBJECTS STUDIED
HIGH SCHOOL	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> College Prep <input type="checkbox"/> General <input type="checkbox"/> _____
COLLEGE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TRADE SCHOOL	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
GRADUATE SCHOOL	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKILLS AND QUALIFICATIONS

List any professional designations, certifications, licenses and/or registrations held related to the job (s) applied for:

Name/Type	Institution/Organization Name	Date Earned

List any skills, training, and/or second languages etc. you have:

If related to the job applied for, list all sports you have played and/or coached:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

VOLUNTEER EXPERIENCE

Organization Name:		May We Contact This Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:		Phone Number:	Email:
From:	To:	Position/Duties:	

Organization Name:		May We Contact This Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:		Phone Number:	Email:
From:	To:	Position/Duties:	

Organization Name:		May We Contact This Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:		Phone Number:	Email:
From:	To:	Position/Duties:	

EMPLOYMENT HISTORY

Company Name:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor:		Phone Number:	Email:
Employed From:	Employed To:	Job Title:	Reason for leaving:
Address:		City:	State: Zip:

Company Name:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor:		Phone Number:	Email:
Employed From:	Employed To:	Job Title:	Reason for leaving:
Address:		City:	State: Zip:

Company Name:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor:		Phone Number:	Email:
Employed From:	Employed To:	Job Title:	Reason for leaving:
Address:		City:	State: Zip:

APPLICANT VERIFICATION OF FACTS

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the Lake County YMCA to verify all statements contained herein and the references provided to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice and without cause.

Signature of Applicant: _____ **Date:** _____

The Lake County YMCA is an Equal Opportunity Employer.