

Lock Haven Area YMCA



Employment Application

General Information:

Name: _____ Date of Birth: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Local Address (if different): _____

Phone: _____ Cell Phone: _____ Email: _____

Are you Related to a current LH YMCA Employee? _____ If yes, who? _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Educational Information:

• High School: _____ State: _____ Did you Graduate? _____ Year: _____

• College/University: _____ State: _____ Did you Graduate? _____ Year: _____

Degree: _____ Minor (if applicable): _____

• Graduate Studies: _____ State: _____ Did you Graduate? _____ Year: _____

Degree: _____ Minor (if applicable): _____

**If you are enrolled in college/university please indicate the year you expect to graduate and the degree you are working toward.*

Area of Interest:

Please check departments/areas that you are interested in employment for.

FRONT DESK

MANAGEMENT

YOUTH INSTRUCTION

CHILDCARE

CLIMBING WALL

AQUATICS

FITNESS

FACILITY MAINTENANCE

OTHER: _____

Previous Employment:

Please list your past three (3) employers and their contact information.

1) Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____

2) Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____

3) Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____

References:

Please list contact information for three (3) references (not relatives) that you have known for a minimum of 1-year

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

3) Name: _____ Phone: _____ Relationship: _____

Availability:

Available Start Date: _____

**Please indicate below times you are available to work at the YMCA*

Day	Availability
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Certifications/Skills:

Please list current certifications such as CPR, EMT, Lifeguard, WSI etc. and any specific skills that you possess that will help you in a potential position with the YMCA.

Office Use:

Date received: _____

Management Staff: _____

Initials: _____

AUTHORIZATION

I authorize investigation of all information contained in this application. I understand that misrepresentation or omission of information requested is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of date of payment for services rendered, be terminated at any time without previous notice.

Signature: _____ Date: _____