

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement \_\_\_\_\_

Employee  Relative  Walk-in  Other

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail Address \_\_\_\_\_

May employer share this application with other employers?.....  Yes  No

If necessary, best time to call you at home is..... : \_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

May we contact you at work? .....  Yes  No

If yes, work number and best time to call ..... ( \_\_\_\_\_ )

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give position(s) and date(s) \_\_\_\_\_ / \_\_\_\_/ \_\_\_\_

Have you ever been employed here or at any other YMCA before? .....  Yes  No

If yes, give dates and locations \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a relative currently working at the Fox Valley Family YMCA or on the Board? .....  Yes  No

If yes, give name \_\_\_\_\_

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it?.....  Yes  No Will you travel if job requires it? .....  Yes  No

Are you able to meet the attendance requirements of the position?.....  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime or felony\*?.....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATIONS, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT. \*EXCLUDING CONVICTION OF FELONY THAT HAS BEEN EXPUNGED.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

# EMPLOYMENT HISTORY (MUST BE FILLED OUT COMPLETELY)

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet of paper, if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	PHONE NUMBER ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	STREET	CITY	STATE ZIP	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	PHONE NUMBER ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	STREET	CITY	STATE ZIP	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	PHONE NUMBER ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	STREET	CITY	STATE ZIP	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	PHONE NUMBER ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	STREET	CITY	STATE ZIP	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

**COMMENTS** (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT) \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**  
Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**Typing skills** LIST HOW MANY WORDS PER MINUTE YOUR ARE ABLE TO TYPE: \_\_\_\_\_ WPM  
Current as of 09/11

## EDUCATIONAL BACKGROUND (IF JOB RELATED)

**A:** List last three schools attended, starting with most recent. **B:** List number of years completed. **C:** Indicate degree or diploma earned, if any. **D:** Grade Point Average or Class Rank. **E:** Major field of study. **F:** Minor field of study, if applicable.

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE/DIPLOMA	D. GPA/CLASS RANK	E. MAJOR	F. MINOR

## REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you. Please list name and phone number of one immediate family member.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	(       )	
	(       )	
	(       )	
IMMEDIATE FAMILY MEMBER	(       )	

## ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

---



---



---



---



---

List any additional information you would like us to consider:

---



---



---



---

# APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and may be required to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This employer is an equal opportunity employer. This employer seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, religion, sex, national origin, age, or disability. Such discriminatory practices are specifically prohibited by law. If you believe your equal employment rights have been violated, you may contact the Equal Employment Opportunity Commission (EEOC) or the appropriate state or local Equal Employment Opportunity (EEO) agency.

## **Policy of Employer:**

The employer very strongly enforces and operates on the principle of Non-Discrimination based on race, creed, color, age, sex, national origin, handicap, or marital status in the workplace for hiring, promotions, and dismissals. The employer seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, creed, color, age, sex, national origin, handicap, or marital status.

Employees and applicants of the employer are encouraged to make referrals of minority applicants for positions at the employer.

Our employment practices will continue to conform to both the letter and spirit of federal, state, and local laws, and regulations regarding nondiscrimination in employment.

If any person believes he or she has been discriminated against, he or she can contact the Executive Director, or the Equal Employment Opportunity Commission (EEOC).

The employer policy will not tolerate Sexual Harassment, quid pro-quo Harassment, or Harassment in any form (including a hostile work environment or retaliation) in the workplace. If any person believes he or she are being harassed, he or she should take the following steps immediately:

1. Tell the harasser to cease their harassment and/or;
2. If the harassment does not cease completely, or if the target of the harassment believes warning that person is inappropriate, he or she should formally, both in writing, and in person or by telephone, inform the Executive Director at 630-552-4100 x 225; and/or;
3. If he or she believes informing the Executive Director would be inappropriate, or they are unavailable, or if this step has been taken and the harassment continues, he or she should notify, in writing, and verbally, the legal counsel of the YMCA, Boyd Ingemunson, 630-553-5622, 226 S. Bridge Street, Yorkville, IL 60560.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*If the applicant would like a copy of any part of this application at the time of applying, please make a request.*

