

Application for Employment

Illinois Valley YMCA-300 Walnut Drive Peru, IL 61354 Mendota Area YMCA-2811 S. 13th Ave. Rt.251 Mendota, IL 61342

The Y: We're for Youth Development, Healthy Living, Social Responsibility

Illinois Valley YMCA	Mendota Area YMCA			
Position being applied for:	YMCA maintains	Notice to Applicants & Employees, the Illinois Valley YMCA maintains a "zero tolerance" for abuse.		
(Unspecified job applications will not be consider positions are listed at all centers and on web site	ed. Open be required before	Screening test for alcohol and illegal drug use may be required before hiring and during employment		
Please type or print. Application must b	e completely filled out in orde	r to be considered.		
Personal Data GENDER male female]			
Name	Social Security	#		
Address	Phone Number			
City	State Z	(ip		
Have you worked at another YMCA? YES NO If so which one and when				
If necessary, best time to call you at home is:		AM/PM		
May we contact you at work?		Yes No		
If yes, work number and best time to call:		AM/PM		
If you are under 17 years of age and it is required, can you furnish a work permit? Yes No				
If no, please explain				
Employment Availability				
What type position are you applying for:	Full-Time	Part-Time		
Available start date?				
When are you available? (Check all that apply) Mornings Days	Evenings	Weekends		
Any restrictions to work hours?				

Employment History

Provide the following information of your past and current employers or assignments, starting with the most recent (use additional sheets if necessary)

	recent	(use additional sheets if hecessar	у
Employer	Telephone	Dates Employed	Summarize the type of work performed & job responsibilities
		From To	
Address			
Starting job title/Finishing	job title	Hourly Rates/Salary Starting	
		\$ per	
Immediate supervisor and	title		
Reason for leaving		Hourly Rates/Salary Final	
May we contact for refere	nce?		
, Yes No		\$ per	
Employer	Telephone	Dates Employed	Summarize the type of work performed & job responsibilities
		From To	
Address			
Starting job title/Finishing	job title	Hourly Rates/Salary Starting	
		\$ per	
Immediate supervisor and	title	·	
Reason for leaving		Hourly Rates/Salary Final	
May we contact for refere	nce?		
, Yes No		\$ per	
		·	
Employer	Telephone	Dates Employed	Summarize the type of work performed & job responsibilities
		From To	
Address			
Starting job title/Finishing	job title	Hourly Rates/Salary Starting	
		\$ per	
Immediate supervisor and	title	·	
Reason for leaving		Hourly Rates/Salary Final	
May we contact for refere	nco?	1	

\$

per

Yes

No

Non-Employment Record

Include explanation of all lapses in employment on preceding page

From		То		Reason
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

Education

School Name & Address (High School, College, Trade)	Major Course or Degree Program	Diploma/Degree Received

References

List at least three character references/persons who know you well and can attest to your abilities and suitability for YMCA employment (one reference must be a family member)

zarazinej tot titlet emplojment (one reference mase se a family member)			
Name	Phone Number	Relationship to You	Years Known

Additional Information			How did you find us?	
Do you hold current CPR certification? Do you hold current first aid certification? Do you hold current lifeguarding certification? List anything else (skills/experience) including volun would strengthen your application:	YES YES YES teer experien	NO NO NO ices that	 Walk In Signs @ Center Web Page Referral Advertisement Relative Employee Private Employm Agency Other Name of Source (if application)	

BACKGROUND CHECK AUTHORIZATION

I understand as part of my employment prior to and during my employment/volu to random, accident follow-up, and for contingent on employment. Initial	unteering as well as a child ab	use registry check and I am subject
l am not a child molester, abuser or peo Initial	dophile, and have not been acc	cused of being a molester or abuser.
Information needed to run the criminal	and sex offender background	check:
NAME		
ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		
DATE OF BIRTH	PHONE NUMBER:	
Signature		Date