



Family YMCA of Fayette County ■ 710 Rock Island Avenue ■ Vandalia IL 62471 ■ 618-283-1258

## Application for Employment

YMCA Mission

*To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all.*

**PLEASE PRINT. Application must be completely filled out in order to be considered**

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### APPLICANT INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Previous residence if less than five (5) years:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you are under 16 years of age, can you furnish a work permit? Yes [ ] No [ ]

If no, please explain:

\_\_\_\_\_

Have you ever pleaded guilty or no contest to or been convicted of:

Felonies or misdemeanors? No [ ] Yes [ ]

Details: \_\_\_\_\_

Offenses against persons or family, or public indecency? No [ ] Yes [ ]

Details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment.

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### EMPLOYMENT AVAILABILITY

What type position are you applying for: \_\_\_\_\_

Full Time [ ] Part-Time [ ] Seasonal [ ] Other [ ] 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).

Employer Telephone (    )	Dates Employed From: To:	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title	Hourly Rates/Salary Starting	
Immediate supervisor and title	\$            per	
Reason for leaving	Hourly Rates/Salary Final	
May we contact for reference? [ ] Yes [ ] No [ ] Later	\$            per	

Employer Telephone (    )	Dates Employed From: To:	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title	Hourly Rates/Salary Starting	
Immediate supervisor and title	\$            per	
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Reason for leaving	Hourly Rates/Salary Final	
May we contact for reference? [ ] Yes [ ] No [ ] Later	\$            per	

Use this space to explain any gaps in your employment history:

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## EDUCATION

School Name & Address (high school, college, trade)	Course or Diploma/Degree	Program Received

## REFERENCES

List three non-relatives who would be willing to provide a reference for you.

Name	Phone Number	Relationship to you	Years Known
1.			
2.			
3.			

## ADDITIONAL INFORMATION

Do you hold current CPR certification?                      \_\_\_ Yes \_\_\_ No

Do you hold current first aid certification?                      \_\_\_ Yes \_\_\_ No

List anything else (skills/experience) including volunteer experiences that would strengthen your application:

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**(OVER)**

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and 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 YMCA's service, whenever it is discovered.

I expressly authorize, without reservation, the YMCA, 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, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

**I understand an offer of employment is contingent upon The Family YMCA of Fayette County conducting a criminal background check and a child abuse registry check. I further understand that criminal background check and child abuse registry check will be performed randomly throughout my employment.**

Initial \_\_\_\_\_

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will** which means that employees may end their employment at any time, for any reason; and that the employer (Family YMCA of Fayette County) may terminate employees at any time for any reason, with or without cause.

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.**

**Signature of Applicant:**

**Date:**

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