



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

YMCA Mission

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

Application for Employment

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

APPLICANT INFORMATION

Name _____

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, a work permit will be required.

Are you willing to obtain a work permit? [] Yes [] No

EMPLOYMENT AVAILABILITY

What type position are you applying for: _____

Desired Salary \$ _____

Full Time [] Part-Time [] Seasonal [] Available start date? _____

When are you available to work? *(check all that apply)*

Mornings [] Days [] Evenings [] Weekends []

Any restrictions to work hours? _____

EMPLOYMENT HISTORY - Starting with the most recent, provide the following information of your past and current employers or assignments, (use additional sheets if necessary).

Employer Telephone ()	Dates Employed	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title	From:	
Immediate supervisor and title		
Reason for leaving	To:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Employer Telephone ()	Dates Employed	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title	From:	
Immediate supervisor and title		
Reason for leaving	To:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

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Immediate supervisor and title		
Reason for leaving	To:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

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

EDUCATION

	Location	Years Attended	Degree
High School			
College/University			
Business/Technical			
Other			

REFERENCES

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

Name	Phone Number	How Do You Know This Person	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:

(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 considers all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. 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:
