



**GREATER JOLIET AREA YMCA
APPLICATION for EMPLOYMENT**

APPLICATION MUST BE FILLED OUT COMPLETELY

**OFFICE USE ONLY
APPLICATION NO.**

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Discrimination because of race, creed, color, national origin, religion, gender, age, or disability is prohibited. The YMCA is an equal opportunity employer.

DATE of Application **POSITION APPLYING FOR** **NO.** **NOTE**
 This application will be kept on ACTIVE file for 30 DAYS ONLY.

NAME: _____
 LAST (Legal) FIRST M.I. INFORMAL (NICK) NAME
ADDRESS: _____ **PHONE:** _____ / _____
CITY: _____ **ST:** _____ **ZIP:** _____ **SOCIAL SECURITY NUMBER:** _____ / _____ / _____

- **HAVE you REVIEWED the POSITION DESCRIPTION for the JOB you are APPLYING FOR?** Yes No
- **HAVE YOU EVER BEEN CONVICTED OF A CRIME** (Excluding Misdemeanors and Traffic Violations) ? Yes No
 If you answered YES to this question or if there is ANY other information pertinent to employment at the YMCA attach a letter of explanation.
- **Are you UNDER 18 Years of age?** Yes No

AVAILABILITY: Seeking Full Time Employment Seeking Part Time Employment
 I have restrictions to hours or days available for work and have noted them as follows: _____

REFERRED: How were you referred to the YMCA? Y Member Friend Y Staff Ad Other: _____

Relative (Family) Employed at YMCA? Joliet Another Y Currently In the Past

Have you ever worked for the YMCA? No Yes
 Where & When _____

ACTIVITIES: Describe non-employment activities you have been engaged in that might strengthen your application - i.e.; Sports, Hobbies, Clubs, Service Organizations, Etc. _____

WORK EXPERIENCE: Paid or Volunteer - Complete all information and Begin with the most recent - Include Military Service.

EMPLOYER (Most Recent Position)	1 POSITION TITLE or RESPONSIBILITIES	<input type="checkbox"/> CURRENTLY EMPLOYED REASON for LEAVING
	EMPLOYER'S ADDRESS	
	SALARY Beginning <input type="text"/> Ending <input type="text"/>	
	DATES of EMPLOYMENT Beginning <input type="text"/> Ending <input type="text"/>	
CONTACT PERSON or SUPERVISOR		
PHONE NO. /		

EMPLOYER	2 POSITION TITLE or RESPONSIBILITIES	REASON for LEAVING
	EMPLOYER'S ADDRESS	
	SALARY Beginning <input type="text"/> Ending <input type="text"/>	
	DATES of EMPLOYMENT Beginning <input type="text"/> Ending <input type="text"/>	
CONTACT PERSON or SUPERVISOR		
PHONE NO. /		

COMPLETE OTHER SIDE OF THIS APPLICATION

EMPLOYER	3	POSITION TITLE or RESPONSIBILITIES	REASON for LEAVING
EMPLOYER'S ADDRESS		SALARY	
CONTACT PERSON or SUPERVISOR		Beginning <input type="text"/> Ending <input type="text"/>	
PHONE NO. /		DATES of EMPLOYMENT	
		Beginning <input type="text"/> Ending <input type="text"/>	

EMPLOYER	4	POSITION TITLE or RESPONSIBILITIES	REASON for LEAVING
EMPLOYER'S ADDRESS		SALARY	
CONTACT PERSON or SUPERVISOR		Beginning <input type="text"/> Ending <input type="text"/>	
PHONE NO. /		DATES of EMPLOYMENT	
		Beginning <input type="text"/> Ending <input type="text"/>	

REFERENCES:

NAME	ADDRESS - CITY - STATE	PHONE
		/
		/

EDUCATION & TRAINING: CHECK HERE IF YOU DO NOT HAVE A HIGH SCHOOL DEGREE OR EQUIVALENT.

NAME & ADDRESS of HIGH SCHOOL, COLLEGE, BUSINESS/TRADE SCHOOL	MAJOR COURSE or DEGREE PROGRAM	DATES ATTENDED MONTH & YEAR		DEGREE RECEIVED
		FROM	TO	

OTHER CERTIFICATION & TRAINING: PROVIDE TYPE, DATES, & WHERE OBTAINED

- 1.) I CERTIFY THAT ALL THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS ON THIS FORM IS CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT CONSIDERATION OR DISMISSAL IF HIRED.
- 2.) I UNDERSTAND THAT EMPLOYMENT MAY BE SUBJECT TO UNDERGOING A POST-OFFER JOB-RELATED PHYSICAL EXAMINATION ADMINISTERED BY A YMCA DESIGNATED PHYSICIAN.
- 3.) I AUTHORIZE THE EMPLOYERS AND REFERENCES LISTED ABOVE TO GIVE THE YMCA ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO THE YMCA.
- 4.) I UNDERSTAND THAT EMPLOYMENT IS SUBJECT TO COMPLETING OTHER POST-EMPLOYMENT RECORDS AND FORMS AND PROVIDING DOCUMENTS WHICH SATISFY THE REQUIREMENTS OF THE IMMIGRATION REFORM & CONTROL ACT OF 1986.
- 5.) I UNDERSTAND THAT THE YMCA REQUIRES A STATE OF ILLINOIS POLICE BACKGROUND CHECK ON ALL PERSONS OFFERED A POSITION AT THE YMCA AND CONTINUED EMPLOYMENT REQUIRES THAT THE POLICE REPORT REFLECTS THAT YOU HAVE NO FELONY CONVICTION or EVIDENCE OF CRIMINAL ACTIVITY.

<input type="checkbox"/> RESUME ATTACHED TO THIS APPLICATION
<input type="checkbox"/> ADDITIONAL INFORMATION HAS ACCOMPANIED THIS APPLICATION FOR EMPLOYMENT.

SIGNATURE OF APPLICANT:

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