



FOX VALLEY FAMILY YMCA APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

Central Branch | 3875 Eldamain Road | Plano, IL 60545
West Branch | 707 S. Main Street | Sandwich, IL 60548

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 ____/____/____

Branch Location _____

Referral Source: Advertisement _____

Employee Relative Walk-in Other _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ E-mail address: _____

Telephone: _____ Mobile: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

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

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 (_____)

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 location _____ From ____/____/____ To ____/____/____

Do you have a relative currently employed at the Fox Valley 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

Please list your desired days/times to be scheduled to work

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Will you relocate if job requires? Yes No Will you travel if job requires? 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 _____

As a courtesy to our applicants, please note that background checks will be performed on all applicants after a conditional offer of employment is made.

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
		FROM	TO	
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	FROM	TO	
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
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		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
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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	

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 a job-related function in the position for which you are applying. _____

TYPING SKILLS LIST HOW MANY WORDS PER MINUTE YOU ARE ABLE TO TYPE _____ WPM

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	()	X

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 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 DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Please tell us why you would like to work for the Fox Valley Family YMCA: _____

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.

Employers 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 CEO, or the Equal Employment Opportunity Commissions. (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 CEO at 630-552-4100 x 225; and/or;
3. If he or she believes informing the CEO 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, Grant Wegner, 815-730-9500, 822 Infantry Dr., Ste. 100, Joliet, IL 60431.

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 the application at the time of applying, please make a request.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will *not* be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

- Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement - source: _____ Other

Name of person who referred you (IF APPLICABLE) _____

APPLICANT INFORMATION

Name: _____ Phone: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/ Alaskan Native Asian/Pacific Islander **Multiracial** (having parents of different races)
THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for Available Not Available

Other positions consider for: _____

Hired: Yes No

Position hired for: _____ Date of hire: _____ / _____ / _____

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date _____