



KISHWAUKEE FAMILY YMCA APPLICATION FOR EMPLOYMENT/VOLUNTEER

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

PERSONAL INFORMATION

Employment or **Volunteer Opportunity**

NAME: Please PRINT or TYPE	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Cell Phone # & Provider
EMAIL ADDRESS: <i>(This will be our primary means of communicating with you.)</i>	Are you over 16 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT/VOLUNTEER POSITION DESIRED

Type of POSITION desired: Please circle one or more options: After-school program Certified Lifeguard Child Watch/Youth Drop-in Fitness Instructor Competitive Swim Coach Front Desk Maintenance Personal Trainer Pre-School Swim Instructor Youth Sports Wellness Center/Staff Other: _____	Date Available ____ / ____ / ____	Full-Time Part-Time Seasonal																					
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
Have you ever applied at the Kishwaukee Family YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the Kishwaukee Family YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?																						
How were you referred to the Kishwaukee Family YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other	Please note your days/hours of availability: <div style="text-align: center;">Hours of Availability</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 12.5%;">Mon</th> <th style="width: 12.5%;">Tues</th> <th style="width: 12.5%;">Wed</th> <th style="width: 12.5%;">Thurs</th> <th style="width: 12.5%;">Fri</th> <th style="width: 12.5%;">Sat.</th> <th style="width: 12.5%;">Sun</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Mon	Tues	Wed	Thurs	Fri	Sat.	Sun														
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EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	Graduate (Yes/No) G.E.D (Yes/No)	What Degree	Major
High School	To			
College/University				
Additional Education, Vocational and/or Professional Information. Please list any foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Please provide a copy.				
Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		Awards, Recognition:		

REFERENCE DATA

Professional - Name	Profession	Phone
Professional - Name	Profession	Phone
Immediate Family Member - Name	Relationship	Phone

EMPLOYMENT/VOLUNTEER DATA

PLEASE LIST THE MOST RELEVANT EMPLOYMENT FIRST		
Company Name/Address	Description of Job Duties Job Title-Start/Final	
Phone	Base Rate of Pay Start Final	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Supervisor (Name & Title)		
Company Name/Address	Description of Job Duties Job Title-Start/Final	
Phone	Base Rate of Pay Start Final	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Supervisor (Name & Title)		

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I understand that as a VOLUNTEER I am not covered under the Kishwaukee Family YMCA Workman's Comp Insurance for any injuries I sustain during the time I volunteer at the YMCA. I understand that I am responsible for my own insurance coverage.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application