



# KENOSHA YMCA

## Application for Employment

The YMCA is an Equal Opportunity Employer

**COMPLETE ALL QUESTIONS FRONT & BACK. PLEASE PRINT CLEARLY.**

Age 18 or Over?  YES  NO

TODAY'S DATE		SOCIAL SECURITY #		
LAST NAME	FIRST NAME	M.I.		
CURRENT ADDRESS	APT #	CITY	STATE	ZIP
TELEPHONE #	ALTERNATE #	CELL #		
EMAIL ADDRESS				
PRIOR ADDRESS (if current address less than 6 months old)		APT #	CITY	STATE ZIP

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### AVAILABILITY

Full-time  Part-time Date Available: \_\_\_\_\_

Mon: to Tues: to Wed: to Thu: to Fri: to Sat: to Sun: to

Field of Work Preferred: \_\_\_\_\_ Position Desired: \_\_\_\_\_

How were you referred to the YMCA?  Newspaper Ad  Agency  Employee  Friend  Other, Explain:

If you have a family member currently employed at the Kenosha YMCA please list their name/s and department they work in.

NAME(S)	RELATIONSHIP	DEPT(S)

Have you ever been employed with the YMCA or KYF (Kenosha Youth Foundation)?  Yes; what branch: \_\_\_\_\_  No

Dates you were employed: \_\_\_\_\_ Department: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

### JOB RELATED SKILLS

NOTE: Please do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have the appropriate valid driver's license?  Yes  No

Name on License: \_\_\_\_\_ DL#: \_\_\_\_\_ Type: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you been given a job description or had the essential functions of the job explained to you?  Yes  No

Do you understand these essential functions?  Yes  No

Can you perform the essential functions of this with or without reasonable accommodations?  Yes  No

### SECURITY

Have you used any names or Social Security Numbers other than given above?  Yes  No

If so, please list:

Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court. (Conviction will not necessarily be a bar to employment. In accordance with the company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1. _____	_____	_____
2. _____	_____	_____

### COMMENTS

Please attached additional page if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

PLEASE NOTE: Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

**MOST RECENT EMPLOYER**

Are you currently working for this employer?  Yes  No

If yes, may we contact them?  Yes  No

COMPANY NAME CITY/STATE TELEPHONE #

FROM: TO:

DATES EMPLOYED JOB TITLE SUPERVISOR NAME

JOB DUTIES (Brief Description):

per SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING

**2nd MOST RECENT EMPLOYER**

COMPANY NAME CITY/STATE TELEPHONE #

FROM: TO:

DATES EMPLOYED JOB TITLE SUPERVISOR NAME

JOB DUTIES (Brief Description):

per SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING

**3rd MOST RECENT EMPLOYER**

COMPANY NAME CITY/STATE TELEPHONE #

FROM: TO:

DATES EMPLOYED JOB TITLE SUPERVISOR NAME

JOB DUTIES (Brief Description):

per SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING

**REFERENCES**

NOTE: Please include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

Table with 4 columns: NAME, ADDRESS, PHONE #, YEARS KNOWN. Rows 1, 2, 3.

**EDUCATION**

NOTE: Please do not fill out any part of this section you believe to be non-job related.

Please circle highest grade level completed. 7 8 9 10 11 12

If not high school graduate, was GED received?  Yes  No

If your school records are under a different name than listed on page 1, please enter that name:

Table with 4 columns: NAME, CITY/STATE, GRADUATED, DEGREE/DIPLOMA. Rows: HIGH SCHOOL, COLLEGE, OTHER.

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment relations with the Kenosha YMCA.

SIGNATURE:

DATE: