

Dear Applicant,

Thank you for considering the YMCA as a place of employment. If like us, you believe in core values like honesty, respect and responsibility and can model them in your personal actions then this may be the perfect place for you to work.

The application is the first step to us gaining an understanding of you. It is important that every section of the application be filled out in detail. It is possible to give us too little information but impossible to give us too much information about you.

Please fill out the application in complete detail and press the submit bar. Your application will then be passed on to the appropriate person who is interviewing for the job you are interested in. It is important that you be specific about which position you are applying for so that the application reaches the appropriate person in a timely matter.

On the following pages please fill in the "Yellow" areas as needed. Use the "Tab" key and the "Mouse" pointer to navigate through the form. When completed please "click" submit and "send" the form.



YMCA of Champaign County

Electronic Employment Application

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.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible or attach a resume. If attaching a resume, you must complete the first page of this application and sign/initial in the appropriate spaces on the last page.

Personal Information

Name:	Social Security No.	Home Telephone #
Address: (Street # and name, City, State, Zip)	Number of years at present address?	Message/Business # & ext.
Previous Address:(Street # and name, City, State, Zip)	Number of years at previous address?	Are you over 18? <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	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (a conviction will not necessarily disqualify you. (Do not include marijuana convictions which occurred more than 2 years prior to this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Please refer to the job description for the position to which you are applying. Are you able to perform all of these task with or without accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe which tasks, if any, you will need an accomodation to perform, and explain what type of accomodation you will need:		

Employment Desired

Type of position desired:	Date available	Salary desired:
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 YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the YMCA before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to the YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral Name of Employee: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify)		

Education and Training

School Name and Location	Years Attended From / To	Graduate Yes/No	What Degree	Major Subject/ Total Hours (if applicable)						
Elementary :										
High School										
College/University										
College/Universtiy										
Highest Degree Earned Check one only : <table style="margin-left: 100px; border: none;"> <tr> <td style="padding: 0 20px;">High School</td> <td style="padding: 0 20px;">2. Associate</td> <td style="padding: 0 20px;">3. Bachelor</td> </tr> <tr> <td style="padding: 0 20px;">4. Master</td> <td style="padding: 0 20px;">5. Doctorate</td> <td></td> </tr> </table>				High School	2. Associate	3. Bachelor	4. Master	5. Doctorate		Overall College Scholastic Avg.
High School	2. Associate	3. Bachelor								
4. Master	5. Doctorate									
Additional Education, Vocational, and/or Professional Information such as special areas of research study, seminars, ets. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills to the right.										
Professional memberships, certificates, licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability, or labor organization affiliations.) Supplement this information by written attachment if applicable.										
Typing WPM:	Computer Skills: Microsoft Word, etc.		Other machines requiring special skills:							

U.S. Military Service Data

Branch:	List Special Training or Skills:
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Employment Data

Please list in order or most recent employment first.

Company Name:	Phone # (include area code)	Dates of Employment From Mo/Yr To Mo/Yr	
Address (include Street, City, State, Zip Code)			
Job Title - Start	Job Title - Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			

Employment Data (continued)

Company Name:	Phone # (include area code)	Dates of Employment From Mo/Yr To Mo/Yr
Address (include Street, City, State, Zip Code)		
Job Title - Start	Job Title - Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		

Company Name:	Phone # (include area code)	Dates of Employment From Mo/Yr To Mo/Yr
Address (include Street, City, State, Zip Code)		
Job Title - Start	Job Title - Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		

Company Name:	Phone # (include area code)	Dates of Employment From Mo/Yr To Mo/Yr
Address (include Street, City, State, Zip Code)		
Job Title - Start	Job Title - Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		

Reference Data

Professional/Work References we may contact

Name	Address	Area Code/Phone

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.

Initials

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 therefrom.

Initials

If employed by the YMCA I will abide by YMCA 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.

Initials

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.

Initials

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.

Initials

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.

Initials

My typed name 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 name 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.

Typed name of Applicant

Date of Application