



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Kenosha YMCA

**PLEASE PRINT. COMPLETE ALL QUESTIONS ON FRONT AND BACK**

Date:	Social Security No.	Age 18 or Over? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name:	First:	M.I.		
Current Address:	Apt. No.	City	State	Zip Code
Telephone No:	Alternate No:	Cellular/Pager No:		
Prior Address (if current address is less than 6/mos old):	Apt. No.	City	State	Zip Code
Telephone No:	Cellular/Pager No:	Email Address:		

**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**

<input type="checkbox"/> Full-time (minimum 30/hrs weekly) <input type="checkbox"/> Part-time (less than 30/hrs weekly) <input type="checkbox"/> Temporary/Seasonal	<table style="width: 100%;"> <tr> <td><b>Mon</b> _____ to _____</td> <td><b>Tue</b> _____ to _____</td> <td><b>Wed</b> _____ to _____</td> </tr> <tr> <td><b>Thur</b> _____ to _____</td> <td><b>Fri</b> _____ to _____</td> <td><b>Sat</b> _____ to _____</td> </tr> <tr> <td><b>Sun</b> _____ to _____</td> <td></td> <td></td> </tr> </table>	<b>Mon</b> _____ to _____	<b>Tue</b> _____ to _____	<b>Wed</b> _____ to _____	<b>Thur</b> _____ to _____	<b>Fri</b> _____ to _____	<b>Sat</b> _____ to _____	<b>Sun</b> _____ to _____		
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<b>Sun</b> _____ to _____										
Field of work preferred:	Position desired:	Date available:								

How were you referred to the YMCA?  Newspaper Ad  Agency  Employee  Friend  Other (explain)

Have you ever been employed with the YMCA in the past?  Yes  No If yes, please the branch and dates employed \_\_\_\_\_

Where you employed at the KYF (Kenosha Youth Foundation) in the past?  Yes  No

If you checked 'Yes', what dept., \_\_\_\_\_ and Supervisors Name \_\_\_\_\_

**JOB RELATED SKILLS** NOTE: Do not fill out any part of this section you believe to be non-job related.

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

Name on license \_\_\_\_\_ DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes  No 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?

**SECURITY**

Yes  No Have you used any names or Social Security Numbers other than given above? If so, please list in the comments, below.

Yes  No 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, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (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** (ASK FOR AN ADDITIONAL PAGE IF NECESSARY)

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**PREVIOUS EMPLOYMENT**

**PLEASE NOTE:** Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.** Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

**MOST RECENT EMPLOYER**
 Yes  No Are you currently working for this employer?

 Yes  No If yes, may we contact them?

COMPANY NAME

CITY/STATE

( )  
TELEPHONE NO.FROM: TO:  
DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

JOB DUTIES (give brief description)

SALARY PER (HOUR, WEEK, MONTH)

REASON FOR LEAVING

**2<sup>nd</sup> MOST RECENT EMPLOYER**

COMPANY NAME

CITY/STATE

( )  
TELEPHONE NO.FROM: TO:  
DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

JOB DUTIES (give brief description)

SALARY PER (HOUR, WEEK, MONTH)

REASON FOR LEAVING

**3<sup>rd</sup> MOST RECENT EMPLOYER**

COMPANY NAME

CITY/STATE

( )  
TELEPHONE NO.FROM: TO:  
DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

JOB DUTIES (give brief description)

SALARY PER (HOUR, WEEK, MONTH)

REASON FOR LEAVING

**REFERENCES**

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

NAME	ADDRESS	PHONE NO.	YEARS KNOWN
1.			
2.			
3.			

**EDUCATION**

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

Please circle highest grade 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 \_\_\_\_\_

NAME	CITY/STATE	GRADUATED	DEGREE/DIPLOMA
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