



Lincoln Area YMCA * 604 Broadway, Suite 1 * Lincoln, IL 62656

APPLICATION FOR EMPLOYMENT
(APPLICATIONS KEPT ON FILE FOR 90 DAYS)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Where applicable, a resume may be attached to this application.

PERSONAL INFORMATION

Name _____ Social Security No. _____
Last First Middle Initial

Address _____ Phone (____) _____
Street City State Zip

Position for which you are applying: _____

How did you find out about the position? _____

Which are you interested in: Full time _____ Part time _____

Have we previously employed you? Y or N If yes, when? _____

Are there skills, certifications, or qualifications, which you feel would enhance your ability to work for the YMCA?

Are you currently employed? Y or N If yes, date you can start _____ Are you 18yrs or older? Y or N

Have you ever been convicted of a crime? Y or N *If yes, under what nature were you convicted?

*A conviction record will not necessarily be a barrier to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

EDUCATION INFORMATION

Please check which of the following you have completed: Elementary _____ High School _____ College _____ Other _____

Please give names and addresses of schools you have attended as well as if you have graduated.

High School _____ Graduated? Y or N

Address, City, State, Zip _____

College _____ Graduated? Y or N

Address, City, State, Zip _____

Other _____ Graduated? Y or N

Address, City, State, Zip _____

PERSONAL REFERENCES (Do Not List Former Employers or Relatives)

1.) Name _____ Occupation _____

Address _____ Phone _____

2.) Name _____ Occupation _____

Address _____ Phone _____

3.) Name _____ Occupation _____

Address _____ Phone _____

EMPLOYMENT HISTORY (List below all present and past employment, beginning with the most recent.)

1. Employer _____ Supervisor _____

Address _____ Phone _____

Salary Earned _____ Starting Date _____ Ending Date _____

Description of Work Performed: _____

Reason for Leaving: _____

2. Employer _____ Supervisor _____

Address _____ Phone _____

Salary Earned _____ Starting Date _____ Ending Date _____

Description of Work Performed: _____

Reason for Leaving: _____

3. Employer _____ Supervisor _____

Address _____ Phone _____

Salary Earned _____ Starting Date _____ Ending Date _____

Description of Work Performed: _____

Reason for Leaving: _____

4. Employer _____ Supervisor _____

Address _____ Phone _____

Salary Earned _____ Starting Date _____ Ending Date _____

Description of Work Performed: _____

Reason for Leaving: _____

May we contact any employers listed above? Yes _____ No _____ If no, indicate which employer by circling the number(s) you do not wish us to contact and why. 1. 2. 3. 4.

Reason _____

Equal Opportunity Employer

The Lincoln Area YMCA considers all applications for employment without regard to race, color, religion, sex, national origin, age, physical or mental disability, or status as a Vietnam-era or special disabled veteran or other protected classification and in accordance with applicable laws.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through an investigative agency or bureau of your choice.

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

Signature of Applicant

Date

Days and Time Available to Work

Please write in the times you are available to work.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

USE THE FOLLOWING SCALE TO RATE YOURSELF FOR EACH ITEM LISTED

1 = Excellent 2 = Average 3 = Could Improve 4 = Does not apply

- | | | |
|---------------------|---------------------------|------------------|
| ____ Artistic | ____ Responsible | ____ Friendly |
| ____ Problem Solver | ____ Motivated | ____ Out-Going |
| ____ Work Ethic | ____ Take Initiative | ____ Creative |
| ____ Flexible | ____ Role Model | ____ Leadership |
| ____ Caring | ____ High Energy | ____ Trustworthy |
| ____ Organized | ____ Athletic | ____ Patient |
| ____ Reliable | ____ Planning Skills | ____ Honest |
| ____ Social Skills | ____ Positive Attitude | ____ Respectful |
| ____ Team Player | ____ Detail Oriented | ____ Spontaneous |
| ____ Like Children | ____ Self Esteem | ____ Fun Loving |
| ____ Common Sense | ____ Communication Skills | ____ Thoughtful |

TELL US ABOUT YOURSELF:

What is your college major? _____

What year are you in high school? _____ **or college** _____

What do you like about working with children?

What are your hobbies or special interests? _____

List any volunteer work you have done _____

Have you ever had an opportunity to plan activities or lessons for children? Explain.

STAFF SCHEDULING INFORMATION

The YMCA seeks to employ child care staff according to the following work schedules.

Please indicate in the spaces below which days and times you are available to work.

Monday - Friday 6:30-8:30 a.m. Before School Programs Site Director or Counselor

Monday - Friday 2:00-6:00 p.m. After School Site Director (Dist. #27 Schools)

Monday - Friday 3:00-6:00 p.m. After School Site Director (CEL) 2:00 -5:30 p.m. (Oly South)

Monday - Friday 2:30-5:30 p.m. or 3:00 p.m.-5:30 p.m. After School Counselor

Record the times that you are available to work M-F below. Please note that we only hire those Staff that are available M-F for the above times.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

YMCA Child care Programs for the school year are operated in District # 27 Elementary Schools. Chester East Lincoln school and Atlanta Elementary School from late August through Late May. Staff employed to work in the Before and/or After School programs are expected to Be available throughout these dates and are not excused from work during college or High school spring Break periods. If your are a Lincoln Christian College student, check below which Situation applies to you during your Spring School Semester.

___ I will be attending a mission trip during the spring Semester from date _____ to Date _____.

___ I will not be attending a mission trip during the Spring Semester.

ABSENTEEISM POLICY

Staff employed as a YMCA Counselor or Director for the current school year will be allowed One day each month to be absent from work which includes absences due to personal time, Illness, school relat4ed time off with the exception of mission trips and serious (doctor excused) illness.

Requests for time off must be made on a “Reputes For Time Off” form and turned in no later Than two weeks prior to the needed time off. Failure to complete this form will result in refusal Of time off requests.

Staff may request to acquire their own sub from a list of subs available at the office.

Illnesses that last more than one day will require a doctor’s sign off note to return to work and must be turned into the office for your file.

Time off in regard to any school fieldtrip must include a signed and dated note from your class instructor and must be turned in at least one week prior to scheduled trip.

The YMCA seeks to employ individuals who are committed to job responsibility.

I have read and understand the staff expectations noted above in regard to the absence policy, Job commitment and responsibility and I agree to work under such expectations.

Applicant Signature: _____ **Date:** _____

