



**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 or another YMCA 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

**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 \_\_\_\_\_

**CONTINUE BACKSIDE**

**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 \_\_\_\_\_