

*We build strong kids,  
strong families, and  
strong communities*



**Illinois Valley  
YMCA**

**300 Walnut Drive  
Peru, IL 61354  
815-223-7904**

# EMPLOYMENT APPLICATION

*We are an Equal Opportunity Employer • The YMCA Welcomes a Diverse Workforce.*

**Please print in ink. You must fill out the entire application.**

**Date:** \_\_\_\_\_

APPLICANT INFORMATION		
Last Name	First	Middle
Street Address		Home Telephone (____) _____
City, State, Zip		Business Telephone (____) _____
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year		Social Security #
Position Desired		Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?		When will you be available to begin work?

Other specific training or skills (languages, machine operation, computer skills, etc.)

School	Name and location of school	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade Technical					
High School					
Elementary					

Membership in Professional or Civic Organizations
Exclude those which may disclose your race, color, religion or national origin)

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1.

Company Name	Telephone (      )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Weekly pay Start                      Last
State Job Title and Describe your work	Reason for Leaving

2.

Company Name	Telephone (      )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Weekly pay Start                      Last
State Job Title and Describe your work	Reason for Leaving

3.

Company Name	Telephone (      )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Weekly pay Start                      Last
State Job Title and Describe your work	Reason for Leaving

4.

Company Name	Telephone (      )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Weekly pay Start                      Last
State Job Title and Describe your work	Reason for Leaving

Name: _____ Address: _____ Relationship: _____	<b>EMERGENCY CONTACT</b>
	Daytime telephone: (      ) Evening Telephone: (      )

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Describe any training received relevant to the position for which you are applying.		

APPLICANT COMPLETE THE FOLLOWING  
*Release Authorization*

**Please read carefully and complete all blanks at bottom of page before signing this form.**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the **ILLINOIS VALLEY YMCA of Peru** to investigate my responses on the application and contact any or all of my present and former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. Regardless of whether or not I become employed by the **ILLINOIS VALLEY YMCA of Peru**, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the **ILLINOIS VALLEY YMCA of Peru** is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the **ILLINOIS VALLEY YMCA of Peru** unless specifically provided otherwise. I further understand that no **ILLINOIS VALLEY YMCA of Peru** employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer of the **ILLINOIS VALLEY YMCA of Peru** and then only by means of a signed written document.

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**Please print your full name**

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**Please print other names you may have used**

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**Home Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Sex:**         **Male**     **Female**

**Race:**      **Asian**    **African American**    **Hispanic**    **White**    **Other**

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**Driver's License Number** \_\_\_\_\_ **State Issuing License** \_\_\_\_\_

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**Name as it appears on license**

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**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_