

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	y State	Zip				
Position for which you are app	olying:						
How did you find out about th	e position?						
Which are you interested in:	Full time	Part ti	me				
Have we or another YMCA pr	eviously employed	I you? Yor N	If yes, when? _				
Are there skills, certifications,	or qualifications,	which you feel would	enhance your abi	lity to work for	the YMCA?		
Are you currently employed?	Y or N If y	ves, date you can star	rt	Are you 18	Byrs or older? \	or	N
EDUCATION INFORMATION	١						
Please check which of the follo	owing you have co	mpleted: Elementary	/ High Sc	hool0	College	Other _	
Please give names and addres	sses of schools you	u have attended as w	ell as if you have	graduated.			
High School					Graduated?	' Y o	r N
Address, City, State, Zip							
College					Graduated?	' Y o	r N
Address, City, State, Zip							
Other					Graduated?	' Y o	r N
Address, City, State, Zip							
PERSONAL REFERENCES (D	o Not List Former	Employers or Relativ	res)				
1.) Name			Occup	ation			
Address			Phone				
2.) Name				Occupation_			
Address			Phone				
3.) Name				Occupation_			
Address			Phone				

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
	Salary Earned Description of Work Performed:			
	Description of Work Performed:			
not	Description of Work Performed:	es No If no, in	dicate which employer	
The	Description of Work Performed: Reason for Leaving: y we contact any employers listed above? Yes wish us to contact and why. 1. 2. 3.	Equal Opportunity Em	dicate which employer ployer egard to race, color, re	by circling the number(s) you do
The phy accoming stain invitations the	Description of Work Performed: Reason for Leaving: y we contact any employers listed above? Ye wish us to contact and why. 1. 2. 3. ason e Lincoln Area YMCA considers all application visical or mental disability, or status as a Viet	Equal Opportunity Emergence of the second of time to respond to the second of time to respond to the second of time to respect to the second of time to the second of	dicate which employer ployer egard to race, color, reveteran or other protections of your choice. I understation investigative consumples of your choice of your choice, an investigative consumples, or others with wateristics, and mode of your choice.	eligion, sex, national origin, age, ected classification and in and that if employed, false authorized to make any limer report may be made whereby hom I am acquainted. This inquiry of living. I understand that I have
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