



# ALFRED CAMPANELLI YMCA

300 WEST WISE ROAD  
SCHAUMBURG, IL 60193  
(847)891-9622 FAX# (847)891-8901

## APPLICATION FOR EMPLOYMENT

Please Print or Type

Date \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_

First

Middle

Last

Present Address \_\_\_\_\_

Street

City

State

Zip

Home Telephone No. \_\_\_\_\_ Cell # \_\_\_\_\_

Number of years at present address \_\_\_\_\_ Social Security No. \_\_\_\_\_

*(Verification will be performed.)*

Best time to call you at home is: \_\_\_\_\_ E-mail Address \_\_\_\_\_

May we contact you at work ?  Yes  No If yes, work number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street

City

State

Zip

Number of years at previous address \_\_\_\_\_ Are you at least 16 years of age?  Yes  No *(We comply with child labor laws)*

Are you legally eligible for employment in the United States?  Yes  No *(Proof will be required if hired)*

Have you been convicted of a crime in the past seven years, other than minor traffic violations?  Yes  No

If yes, describe in full: \_\_\_\_\_

*(Note: A "yes" answer does not necessarily disqualify you from consideration. The nature of the offense, the date, the surrounding circumstances and the relevance to the position applied for will be considered.) A criminal background investigation will be conducted on all applicants offered employment.*

**Employment Desired** Type:  Full-Time  Part-Time  Seasonal

Position(s) desired \_\_\_\_\_

Salary desired \_\_\_\_\_ If hired, on what date can you start work? \_\_\_\_\_

How did you learn about the Campanelli YMCA? \_\_\_\_\_

Have you ever applied at the Campanelli YMCA before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed by the Campanelli YMCA or another YMCA before?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Job duties \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Do you know anyone currently working for the Campanelli YMCA?  Yes  No

If yes, who and relationship \_\_\_\_\_

## Employment History

List the names, addresses & telephone numbers of all former employers, beginning with the most recent.	Employment dates				Position	Final Salary	Reason for leaving
	From		To				
	Month	Year	Month	Year			
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

I hereby grant permission to contact the above-named employers (as indicated by a check mark in the box by their name) for reference information.

If there have been any gaps in your employment during the last five years please provide details in the space provided here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you served in the United States Military?  Yes  No If yes, what branch? \_\_\_\_\_

Describe any special training you have received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special accomplishments, publications, awards, or additional information that you wish to include that you believe would assist us in considering you for employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education and Training

SCHOOL	NAME & LOCATION	# OF YEARS ATTENDED	SUBJECT OR DEGREES	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
OTHER				

List professional, trade, business or civic association and any offices held.

ORGANIZATION(S)	OFFICES HELD

## References

Please list four people not related to you whom you have known for at least one year and whom we may contact as professional and business references.

NAME	YRS. KNOWN	PHONE #	RELATIONSHIP	ADDRESS

## PRE-EMPLOYMENT CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Alfred Campanelli YMCA.

I hereby authorize Alfred Campanelli YMCA (or its agent) to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

If employed by the Alfred Campanelli YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations. I hereby release the Alfred Campanelli YMCA, its employees and agents, from any and all legal liability as a result of such physical examination.

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I hereby release the Alfred Campanelli YMCA, its employees and agents, from any and all legal liability as a result of such testing. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

If I am employed by the YMCA I understand my employment can be terminated, with or without cause or without notice, at any time by the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor, or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to at will employment.

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Full Legal Signature of Applicant

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Date