



Sterling-Rock Falls Family
 YMCA
 2505 YMCA WAY
 Sterling, Illinois 61081-3603

**APPLICATION
 FOR
 EMPLOYMENT**

P E R S O N A L	Last Name		First	Middle	Date	
	Street Address				Social Security Number	
	City, State, Zip				Telephone Number	
	Are you 18 years or older:			Email address:		

EMPLOYMENT DESIRED			<input type="radio"/> Full Time	<input type="radio"/> Part Time	<input type="radio"/> Seasonal
Position:		Date you can start:	Salary Desired: <input type="checkbox"/> HOURLY <input type="checkbox"/> YEARLY		
Are you employed now?			Can we inquire of your present employer?		

E D U C A T I O N	School	Name and Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Business/ Trade/ Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	

G E N E R A L	Subjects of special study				
	Special Skills				
	Activities: (Civic, Athletic)				
	U.S. Military		RANK		

FORMER EMPLOYERS (Starting with last one first)

Dates (month & year)	Name and Address of Employer	Ending Salary	Position	Reason for Leaving
FROM: _____	_____	_____ HOURLY <input type="checkbox"/>		
TO: _____	_____	_____ YEARLY <input type="checkbox"/>		
FROM: _____	_____	_____ HOURLY <input type="checkbox"/>		
TO: _____	_____	_____ YEARLY <input type="checkbox"/>		
FROM: _____	_____	_____ HOURLY <input type="checkbox"/>		
TO: _____	_____	_____ YEARLY <input type="checkbox"/>		
FROM: _____	_____	_____ HOURLY <input type="checkbox"/>		
TO: _____	_____	_____ YEARLY <input type="checkbox"/>		

R E F E R E N C E S	Please give the names of three persons not related to you, whom you have known at least one year.		
	NAME	ADDRESS	PHONE

Have you been convicted of a Felony in the last seven (7) years?
 If yes, please explain: _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Sterling-Rock Falls Family YMCA service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Sterling-Rock Falls Family YMCA reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Sterling-Rock Falls Family YMCA has the authority to make any assurances to the contrary.

I give the Sterling-Rock Falls Family YMCA the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Sterling-Rock Falls Family YMCA and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date: _____