

1201 N Hershey Road  
Bloomington, IL 61704  
Ph: (309) 662-0461  
Fx: (309) 662-4506



905 N Main Street  
Normal, IL 61761  
Ph: (309) 454-1451  
Fx: (309) 454-1454

## Employment Application

Please complete the entire employment application and sign the final page. Return the application to the YWCA McLean County at 1201 N Hershey Road in Bloomington, IL. Incomplete applications will not be accepted.

### Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last Name) (First Name)

Permanent Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Alternate Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes  No

Have you ever worked at a YWCA before? Yes  No  If yes, what location? \_\_\_\_\_

Do you have any relatives employed by the YWCA McLean County? Yes  No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A relative is defined as child, parent, spouse/partner, brother, sister, grandparent, grandchild, parent of spouse/partner, or any person for whom the employee is the custodial caregiver.*

Do you have a valid driver's license? Yes  No

Do you have a reliable vehicle that can be used for work purposes? Yes  No

Have you ever been convicted of a fraudulent act or a felony? Yes  No  If yes, please explain:  
(\*\*Important Note\*\* Applicants are not required to disclose sealed or expunged records of conviction or arrest.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from a job? Yes  No  If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Position Applied For and Availability:** *(please mark all that apply)*

Position Applied For: \_\_\_\_\_

How did you hear about the position you are applying for: \_\_\_\_\_

Full-Time  Part-Time  Either  Are you able to work year-round? Yes  No

Are you willing to work: Early Morning  Day-Time  Evening  Weekends  Holidays

Which days of the week are you available: Monday  Tuesday  Wednesday  Thursday   
Friday  Saturday  Sunday

If you have a specific schedule we would need to work around, please describe below:

\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** *(please list the last 3 positions of employment, beginning with most recent employer)*

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes  No

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes  No

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes  No

**Education:** *(please complete this entire section)*

Do you have a high school diploma or GED? Yes  No

Name of school where you completed degree: \_\_\_\_\_

Do you have any college education? Yes  No  Number of hours completed: \_\_\_\_\_

If you are applying for a position in child care, please state how many ECE or Elementary Education hours you have earned: \_\_\_\_\_

Highest degree earned: \_\_\_\_\_

Name of college/university last attended: \_\_\_\_\_

Please list any professional licenses or certifications you have earned:

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**Military Service:**

Have you ever served in the U.S. Armed Forces? Yes  No

If yes, what Branch? \_\_\_\_\_

Please describe any training received relevant to the position for which you are applying:

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**Additional Experience or Other Information:** *(Please list any skills, new languages, special training and interests, current professional memberships, volunteerism, and/or campus activities)*

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**Academic and Personal References:** *(please complete all 3 reference listings below with people who have known you for at least two years. Preference is given to academic references. Do NOT include your relatives unless they were also your supervisor in a family-owned business. These references may be contacted either by phone or mail along with your previous employers listed above. Employment is contingent upon our ability to contact references. We recommend that you notify your references that they could be contacted and request that they reply promptly.)*

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Best time to reach your reference: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Best time to reach your reference: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Best time to reach your reference: \_\_\_\_\_

**Please read the following statements and sign below to complete your employment application.**

I hereby declare that the information provided by me in this employment application is true, correct, and complete to the best of my knowledge. I also understand that any falsification or omission of fact may be cause for immediate dismissal.

I authorize the YWCA McLean County or anyone acting on behalf of the YWCA McLean County to thoroughly investigate my references, employment history, work record (including disciplinary reports and letters of reprimand), education, criminal conviction record, and any other matters relevant to my suitability for employment, without giving me notice of such disclosure. I understand that the YWCA McLean County reserves the right to conduct a full background check and/or obtain a consumer report.

I hereby fully release and discharge the YWCA McLean County, my former employers, their respective officers, employees, and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to such investigation or disclosure.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_