



## Employment Application

The Springfield Urban League Inc. is committed to the provisions of Equal Employment Opportunities and Affirmative Action to its applicants regardless of race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position(s) Applied For:  Date of Application:

How Did you Learn About Us?

Advertisement  Relative  Inquiry  Employment Agency  Friend

Other\* If Other, Specify:

### Basic Information

Last Name:  First Name:  Middle Name:

Address:  Address 2 (OPTIONAL) Apt, suite, etc.

City:  State:  ZIP Code:  Last 4 of SSN:

Phone Number:  Email Address:

### Questionnaires ( Please select Yes or No )

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? If Yes, When:   Yes  No

Do any of your friends or relatives, other than spouse, work here?  Yes  No

Are you currently employed?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Rate of Pay Expected:  Date of available for work:

Type of Employment:  Full Time  Part Time  Temporary

## **Education**

	Name and Address of School	Course of Study	Numbers of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Please describe any specialized training, apprenticeship, skills and extra-curricular activities.

Please describe any job-related training received in the United States military.

# Work Experience-History (List most recent employers or volunteer service)

If additional space is needed, attach a separate sheet following the same format below.

May we contact your present employer?  Yes  No

Current(or last ) Employer:  Start Date:  End Date:

Address:  City:  State:  ZIP Code:

Position/Job Title:  Salary (Starting)\$  Salary (Ending) \$

Supervisor:  Work Phone:  Cell Phone:

Briefly describe your job duties:

Reason for Leaving:

Employer:  Start Date:  End Date:

Address:  City:  State:  ZIP Code:

Position/Job Title:  Salary (Starting)\$  Salary (Ending) \$

Supervisor:  Work Phone:  Cell Phone:

Briefly describe your job duties:

Reason for Leaving:

Employer:  Start Date:  End Date:

Address:  City:  State:  ZIP Code:

Position/Job Title:  Salary (Starting)\$  Salary (Ending) \$

Supervisor:  Work Phone:  Cell Phone:

Briefly describe your job duties:

Reason for Leaving:

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status below.

**Specialized Skills** (Check skills/equipment operated)

- |   |   |
|---|---|
| <input type="checkbox"/> PC/MAC   | <input type="checkbox"/> Email  |
| <input type="checkbox"/> Microsoft Excel Basic                          | <input type="checkbox"/> USB flash Drive                              |
| <input type="checkbox"/> Microsoft Office* WMP <input type="checkbox"/> | <input type="checkbox"/> Cloud Storage* Specify: <input type="text"/> |

**References**

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Last Name:  First Name:  Phone Number:

Email Address (if applicable):  Occupation:  Years known:

Address:  Address 2(OPTIONAL) Apt. suite, etc. :

City:  State:  ZIP Code:

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Last Name:  First Name:  Phone Number:

Email Address (if applicable):  Occupation:  Years known:

Address:  Address 2(OPTIONAL) Apt. Suite, etc. :

City:  State:  ZIP Code:

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Last Name:  First Name:  Phone Number:

Email Address (if applicable):  Occupation:  Years known:

Address:  Address 2(OPTIONAL) Apt. Suite, etc. :

City:  State:  ZIP Code:

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## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless, otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant:

Date of Application:

The Springfield Urban League, Inc. is a human service corporation and direct services organization that serves over 9,000 people each year in urban communities (Central and downstate Illinois) through job training, computer literacy, economic development, health and youth initiatives. An additional 1,500 persons are reached through advocacy and research. The Urban League's target populations are those who struggle to secure economic self-reliance, parity, power and civil rights.

The Springfield Urban League is the sixth largest affiliate in the nation.