



RARITAN BAY AREA YMCA Application for Employment

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

We are an equal opportunity employer. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

PERSONAL INFORMATION (Please Print)

Name:		Last	First	Middle
Present Address:	Street	City	State	Zip
Permanent Address:	Street	City	State	Zip
Phone Number:	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In case of emergency notify: (Do not leave blank)				
Name:		Phone No.		

Have you ever been employed by a YMCA before? _____ If yes, dates? _____

If yes, where? _____ Position(s) _____

How did you hear about this position?

Advertisement _____ (Where? _____) Y Website _____ National YMCA Job Bank _____

YMCA Employee _____ (Who _____) Other _____ (Specify _____)

STATUS OF ORIGIN

Are you legally authorized to work in the United States? Yes No (Form I-9 must be completed to certify eligibility for employment.)

EDUCATION HISTORY

	Name and location of school	*Number of years attended	*Did you graduate?	Subjects Studied
High School				
College				Major:
Skilled Training				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EMPLOYMENT DESIRED

Position:	Date you can start:	Salary Desired:
Ever applied to the YMCA before?	Where?	When?

Have you ever been convicted of a crime?* Yes No If yes, explain: _____

**Answering "yes" to this question does not constitute an automatic bar to employment- Factors such as date of offense, seriousness of nature, of violation, and position applied for will be taken into account.

PHYSICAL RECORD (This section must be completed.):

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

If yes, what can be done to accommodate your limitations? Please Describe: _____

U.S. Military Branch of Service:	Rank:	Present Membership in National Guard or Reserves:
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EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities starting with the most recent. Explain any gaps in employment in the comments section below. (Use additional sheets if necessary)

Company Name:	Dates Employed:	
Address:	From	To
Telephone Number:	Hourly Rate/Salary:	
Job Title:	\$	Per
Supervisor/Title:		
Reason For Leaving:		
Summarize your job functions and responsibilities:		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name:	Dates Employed:	
Address:	From	To
Telephone Number:	Hourly Rate/Salary:	
Job Title:	\$	Per
Supervisor/Title:		
Reason For Leaving:		
Summarize your job functions and responsibilities:		
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Company Name:	Dates Employed:	
Address:	From	To
Telephone Number:	Hourly Rate/Salary:	
Job Title:	\$	Per

Supervisor/Title:	
Reason For Leaving:	
Summarize your job functions and responsibilities:	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills, qualifications, accomplishments, certifications, activities: _____

PROFESSIONAL REFERENCES

(Please list 2 professional references who can verify your work history and performance. References should not be relatives and at least two must have directly supervised you at some time in your work history. For those applicants with no prior work history, please provide the name of a guidance counselor, teacher, coach, clergy, etc.)

Name of Supervisor:	Title:
Company Name #1:	
Company Address:	
Company Phone Number: () - Extension	
Name of Supervisor:	Title:
Company Name:	
Company Address:	
Company Phone Number: () - Extension	

PERSONAL REFERENCES

(Please list 2 personal references- 1.* must not be related 2. ** a family reference)

1. *Name:	Years Acquainted:
Address:	
Company Phone Number: () - Extension	
Occupation:	
How do you know this individual?	
2. **Name:	Years Acquainted:
Address:	
Company Phone Number: () - Extension	
Occupation:	
How do you know this individual?	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered.

Initial _____

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial _____

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial _____

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.

Initial _____

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available on the basis prohibited by applicable local, state, or federal law. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial _____

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. Employment with the YMCA is employment at will which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause. This application does not constitute an agreement or contract for employment for any specified period or definite duration are valid unless they are in writing and signed by the Chief Executive Officer and the Board President.

Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I have read the above statement, understand it and accept all terms of the above statement:

Signature of Applicant

Date

Email Address

Signature of Parent if applicant is under 18 years of age

Date