

Union County Family YMCA

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regards to race, color, religion, national origin, sex, age, or sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, ability, and interests,
please complete this application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: please print or type	SOCIAL SECURITY NO.	Home Telephone No.
EMAIL ADDRESS:	DATE OF BIRTH:	
ADDRESS: Street number & name, city, state, zip code	Number of years at present address	Message/ business No. + Ext.
Previous address: street number and name, city, state, zip code		Number of years at previous address
EMERGENCY CONTACT:		
NAME: _____ RELATIONSHIP: _____		
PHONE: _____		
Can you after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18?	If hired do you have a reliable means of transportation to get to work?	
YES NO	YES NO	

Have you ever been convicted of a felony or for child abuse or sex-related crimes? (do not include marijuana related convictions which occurred more than two years prior to the date of this application).

YES NO If yes, please explain:
(a conviction will not necessarily disqualify you)

Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? YES NO

Please describe below which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

EMPLOYMENT DESIRED

Type of position desired: date available salary desired

Are you presently employed? YES NO If yes, may we contact your current employer? YES NO

Please refer to the attached job description for the position you are applying. Will you be able to work the schedule described therein? YES NO
If not, please describe how the company could accommodate you.

Have you ever applied at the YMCA before?

YES NO If yes, when?

Have you ever been employed by the YMCA before?

YES NO If yes, when?

How were you referred to the YMCA?

Advertisement Employment Referral Walk -in Agency Other (please specify below)

(please identify source below)

_____ Name of Employee _____

EDUCATION AND TRAINING

SCHOOL NAME AND LOCATION	YEARS ATTENDED		GRADUATE? (YES/NO)	DEGREE?	MAJOR SUBJECT/ TOTAL HOURS (IF APPLICABLE)
	FROM	TO			
ELEMENTARY					
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
COLLEGE/UNIVERSITY					
Highest degree earned (circle one number only) 1. High School 2. Associate's 3. Bachelor's 4. Master's 5. Doctoral					Overall college scholastic average
Additional education, vocational and/or professional information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description please describe your foreign language skills below.					
Professional membership, certificates, or licenses held (exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability, or labor affiliations). Supplement this information by written attachment if applicable.					
<input type="checkbox"/> Keyboarding. _____ WPM		Computer skills, i.e. Microsoft word, excel, outlook ,etc.		<input type="checkbox"/> Other machines requiring special skills.	

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

Please list in order of most recent employment first.

Company name	Phone number ()	Supervisor name & title	
Date of employment From (month/year)	To (month/ year)	Base rate of pay Start	Final
Description of Job Duties			

Company name	Phone number ()	Supervisor name & title	
Date of employment From (month/year)	To (month/ year)	Base rate of pay Start	Final
Description of Job Duties			

Company name	Phone number ()	Supervisor name & title	
Date of employment From (month/year)	To (month/ year)	Base rate of pay Start	Final
Description of Job Duties			

Company name	Phone number ()	Supervisor name & title	
Date of employment From (month/year)	To (month/ year)	Base rate of pay Start	Final
Description of job duties			

VOLUNTEER HISTORY

Please list any volunteer positions held within the past 7-10 years (or check the box below), particularly those involving working with children, teens, seniors or other vulnerable populations.

I have no prior volunteer experience.

Organization name	Supervisor/Contact Name & Phone Number ()	Location (City/State)
Date of service From (month/year)	To (month/ year)	Population Served (Check All that Apply) <ul style="list-style-type: none"> • Children • Teens • Seniors • Individuals with Disabilities • General Public
Description of Role/Responsibilities:		

Organization name	Supervisor/Contact Name & Phone Number ()	Location (City/State)
Date of service From (month/year)	To (month/ year)	Population Served (Check All that Apply) <ul style="list-style-type: none"> • Children • Teens • Seniors • Individuals with Disabilities • General Public
Description of Role/Responsibilities:		

Organization name	Supervisor/Contact Name & Phone Number ()	Location (City/State)
Date of service From (month/year)	To (month/ year)	Population Served (Check All that Apply) <ul style="list-style-type: none"> • Children • Teens • Seniors • Individuals with Disabilities • General Public
Description of Role/Responsibilities:		

REFERENCE DATA

Professional/work references we may contact.

NAME	ADDRESS	AREA CODE	PHONE

ZERO TOLERANCE FOR ABUSE STATEMENT

Our organization is committed to providing a safe, nurturing, and empowering environment for all youth. The safety and well-being of youth is our highest priority.

Our organization has a **zero-tolerance policy for abuse or misconduct of any kind**. All employees and volunteers share responsibility for protecting youth and for maintaining appropriate boundaries at all times.

Any allegation or suspicion of abuse will be taken seriously and reported in accordance with organizational policy and applicable law. Any confirmed violation of our child protection policies will result in **immediate dismissal from employment or volunteer service**.

By submitting this application, I acknowledge that I have read and understand this statement and agree to comply with all child protection policies of the organization.

Applicant Signature: _____

Date: _____

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA 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.

Initial

If employed by the 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.

Initial

If I am offered employment, I understand 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 examination.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the result of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation without prior notice to me.

Initial

If I am employed by the YMCA, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor, or representative of the YMCA has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between myself and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant signature

Date of application