

Application for Employment

Date of Application _____

YMCA MISSION

The Athol Area Young Men's Christian Association (YMCA) is committed to strengthening and enriching the lives of all individuals, families and our community through quality programs and services that build spirit, mind and body.

Position(s) being applied for: _____

We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.

Notice to Applicants and Employees
The YMCA maintains a "zero tolerance" for abuse. Alcohol and/or illegal drug use will not be tolerated prior to, or while on duty.

Please type or print. Application must be completely filled out in order to be considered.

Personal Data

Name _____ Social Security # _____

Address _____ Home Phone _____

Email address _____ Cell Phone _____

City _____ State _____ Zip _____

Previous residence if less than five (5) years: _____

City/State _____

If necessary, best time to call you at home is..... _____ AM/PM

May we contact you at work? Yes No

If yes, work number and best time to call..... (____) _____ AM/PM

If you are under 17 years of age and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Employment Availability

What type of position are you applying for: _____ Location: _____
 Full Time Regular Part-Time Seasonal Other
 (40 hours or more per week) (up to 37 hours per week – and 6 months or more) (FT or PT, less than 3 months)

When are you available (*check all that apply*)? _____ Available start date? _____
 Mornings Days Evenings Late Evenings Weekends

Any restrictions to work hours? _____

Non-employment Record

Include explanation of all lapses in employment on preceding page.

From		To		Reason...
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

Education

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received

References

List at least three character references/persons that know you well and can attest to your abilities and suitability for YMCA employment (*one reference must be a family member*).

Name	Phone Number	Relationship to you	Years Known
1.			
2.			
3.			

Additional Information

- Do you hold current CPR certification? ___ Yes ___ No
 Do you hold current first aid certification? ___ Yes ___ No
 Do you hold current lifeguarding certification? ___ Yes ___ No

List anything else (skills/experience) including volunteer experiences that would strengthen your application:

How did you find us?(if applicable)

- Walk-in
- Signs at Center
- Web Page
- Referral
- Advertisement
- Relative
- Employee
- Private Employment Agency
- Other _____

Name of source(if applicable)

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, résumé 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 for 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 abuser registry check. 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. 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 60 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. 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, and

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

Signature of Applicant

Date

Do not sign until you have read and initialed the above statements.

FOR OFFICE USE ONLY - Review/Approval	
Reference Checks Review _____	_____ Date
Authorization to Interview	
Supervisor _____	_____ Date
Executive Director _____	_____ Date
Executive Director Authorization for offer (attach forms)	
_____	_____ Date

Check List:
<input type="checkbox"/> Certification
<input type="checkbox"/> Lifeguard <input type="checkbox"/> First Aid <input type="checkbox"/> CPR
<input type="checkbox"/> Ellis <input type="checkbox"/> AED
<input type="checkbox"/> Other _____
<input type="checkbox"/> Work permit (if applicable)
<input type="checkbox"/> Employee referral (if applicable)
_____ Name