



# Athol Area YMCA

545 Main Street  
Athol, MA 01331

www.ymcaathol.org

## Application for Employment

### 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 (40 hours or more per week) Regular Part-Time (up to 37 hours per week – and 6 months or more) Seasonal (FT or PT, less than 3 months) Other

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

Any restrictions to work hours? \_\_\_\_\_

### Employment History

Provide the following information of your past and current employers or assignments, **starting with the most recent** (use additional sheets if necessary).

Have you ever worked at another YMCA?  No  Yes If yes, where? \_\_\_\_\_

Employer _____ Telephone _____ (_____) _____	Dates Employed From _____ To _____	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting _____	
Immediate supervisor and title _____	\$ _____ per	
Reason for leaving _____		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Hourly Rates/Salary Final _____	
	\$ _____ per	
Employer _____ Telephone _____ (_____) _____	Dates Employed From _____ To _____	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting _____	
Immediate supervisor and title _____	\$ _____ per	
Reason for leaving _____		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Hourly Rates/Salary Final _____	
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Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting _____	
Immediate supervisor and title _____	\$ _____ per	
Reason for leaving _____		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Hourly Rates/Salary Final _____	
	\$ _____ per	

### 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

### How did you find us? (if applicable)

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

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

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Name of source (if applicable)

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### 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 abuse 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.*

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

<b>Check List:</b>	
<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 _____	



YMCA  
172G  
FE629

## CORI REQUEST FORM

Athol Area YMCA has been certified by the Criminal History Systems Board for access to all available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees, volunteers, and housing prior to employment, volunteer, and residence service.

### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)                      PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH                      XXX-\_\_\_\_-\_\_\_\_                      MOTHER'S MAIDEN NAME  
SOCIAL SECURITY NUMBER

Former ADDRESSES \_\_\_\_\_  
\_\_\_\_\_

SEX \_\_\_ HEIGHT: \_\_\_ ft. \_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENCE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE