



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# Application for Employment

### Mission Statement

*The Metro YMCAs of the Oranges strengthens community through youth development, healthy living and social responsibility*

The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse.  
Criminal background checks and other federal or state screenings for child abuse will be conducted.  
Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

**BRANCH OF INTEREST:**     East Orange     South Mountain     Wayne     Association Services  
 Fairview Lake     Sussex County     West Essex     Greater Bergen County

Last Name		First Name		Middle Name	
Address		Street		City	
				State	
				Zip Code	
Home Telephone Number(s)		Cell		Email Address	

Position(s) Applied for	Date of Application
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Are you 18 years of age or older?     Yes     No    If not, you will be required to furnish working papers upon hire.

Completion of the I-9 form is required by the U.S. Immigration and Naturalization Service no later than (3) business days after your date of hire.

Are you eligible to work in the United States?     Yes     No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Temporary     Seasonal

Please indicate the days and hours available for work: *Please note that you are not required to disclose the need for time off due to religious practice.*

Monday Hours:\_\_\_\_\_     Tuesday Hours:\_\_\_\_\_     Wednesday Hours:\_\_\_\_\_     Thursday Hours:\_\_\_\_\_

Friday Hours:\_\_\_\_\_     Saturday Hours:\_\_\_\_\_     Sunday Hours:\_\_\_\_\_

How were you referred to the YMCA?     Employee     Friend/Relative     Advertisement     Drop-in     School     Website     Other \_\_\_\_\_

Name of referral source indicated above: \_\_\_\_\_

Have you been previously employed by the Metro YMCAs of the Oranges before?     Yes     No    When? \_\_\_\_\_

Other YMCA employment? YMCA Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Other YMCA employment? YMCA Name: \_\_\_\_\_ Dates: \_\_\_\_\_

# Education

SCHOOL	NAME/LOCATION	COURSE STUDY	# YRS COMPLETED	DIPLOMA/DEGREE
High School				
College				
Graduate				
Other School				

# Employment & Volunteer History (Resume may be attached, but CAN NOT replace the information below)

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1) Employer Name	Phone (    )
Address	Employed (Month & Year) From:                      To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate/Salary Start:                      Last:
Job Title and Major Duties	Reason for Leaving
2) Employer Name	Phone (    )
Address	Employed (Month & Year) From:                      To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate/Salary Start:                      Last:
Job Title and Major Duties	Reason for Leaving
3) Employer Name	Phone (    )
Address	Employed (Month & Year) From:                      To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate/Salary Start:                      Last:
Job Title and Major Duties	Reason for Leaving

## Non- Employment History

Include explanation of all lapses in employment on preceding page:				
Mo.	Yr.	Mo.	Yr.	Reason:
Mo.	Yr.	Mo.	Yr.	Reason:
Mo.	Yr.	Mo.	Yr.	Reason:

## Special Skills (If Job Relevant)

Do you hold any of the following Certifications?

	Certification From:	Expiration Date:
CPR		
AED		
First Aid		
Life Guarding		
Other		
Other		

Computer Knowledge:      Have you used a PC?       Yes     No

Have you used and are you competent in the following software?

Microsoft Windows     Publisher     Other word processing, spreadsheet, desktop publishing or database management program:

Word     PowerPoint    Please specify program name: \_\_\_\_\_

Excel     Access

Other Special Training or Skills which you consider relevant to performing the job sought: \_\_\_\_\_

## Personal References

Please provide 3 personal references below who have known you for at least 3 years. Include 1 relative. Do not include employers.

	NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## Professional References

Please provide 3 professional references below (supervisors or co-workers from present and previous employers who have knowledge of your work). Do not include relatives.

	NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

# Applicant Statement/Release (Please read carefully before signing)

I certify that all information that 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 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 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 understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, citizen status, sex, age, ancestry, marital status, sexual orientation, pregnancy status, familial status, domestic partnership status, military or veteran status, genetic information, atypical hereditary cellular or blood trait, refusal to submit to genetic testing or provide genetic information ; or on the basis of a disability or handicap not limiting the applicant's ability to perform satisfactorily the job available; or any other category protected by applicable federal and state 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 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 will be necessary to reapply and fill out a new application. Employment with the YMCA is at will which means that employees may end their employment at any time, for any reason; and that the YMCA may terminate employees at any time for any reason, with or without cause. Initial \_\_\_\_\_

I consent that photographs that may be taken of me by the YMCA are property of the YMCA and may be reproduced as the YMCA desires, free from any claim on my part. Initial \_\_\_\_\_

I understand that, if employed, the employment relationship between the YMCA and me is employment-at-will, and, therefore, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the YMCA or myself. Neither the policies of the YMCA, nor any other written or verbal communication by a manager or director of the YMCA, are intended to create a contract of employment or a warranty of benefits. Initial \_\_\_\_\_

I certify that, if employed, I will abide by all rules and regulations of the YMCA. I understand that, if employed, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the Metro YMCAs of the Oranges at its discretion except that the YMCA will not modify its policy of employment-at-will in any case. Initial \_\_\_\_\_

I have read the above statements and accept the same as a condition of my consideration for employment with the Metro YMCAs of the Oranges.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if applicant is under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

