



YMCA of BROOME COUNTY
APPLICATION FOR EMPLOYMENT
(Equal Opportunity Employer)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, nation of origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name: Last First Middle Date:

Local Address: Street City State Zip Phone: Home Business Cell

Permanent Address: Street City State Zip Soc Sec#:

Are you 18 yrs of age or older? Are you a veteran? Are you authorized to work in the United States? Dates of Service:

Other names you are known by: email address

GENERAL

Position applying for: Acceptable Salary Range: Notice required?

Which YMCA Branch Date available? If apply for seasonal work, are you available to work during the school term? Previously applied for employment at a YMCA Work for a YMCA? If so, when? Location:

How were you referred to the YMCA?

Name of referral source indicated above:

Have you ever pleaded guilty to, or been convicted of, a criminal offense?

If yes, give dates & circumstances

Have you ever failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position?

If yes, give dates & circumstances

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD BEGINNING WITH YOUR MOST RECENT INCLUDING SELF-EMPLOYMENT, VOLUNTEER WORK. ATTACH ADDITIONAL SHEET IF NECESSARY

Current/last employer _____ from: _____ to _____
Street Address _____ Salary (mthly) at start _____ to _____
City _____ State _____ Zip Code: _____ phone _____ / _____
Name and title of immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes No If yes, describe _____
Reason(s) for terminating or considering a change _____
What did you like most about this job? ____+ + + _____
What did you like least about this job? _____
May we contact this employer while we are considering your application? Yes No

Employer _____ from: _____ to _____
Street Address _____ Salary (mthly) at start _____ to _____
City _____ State _____ Zip Code _____ phone _____ / _____
Name and title of immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes No If yes, describe _____
Reason(s) for terminating or considering a change _____
What did you like most about this job? _____
What did you like least about this job? _____
May we contact this employer while we are considering your application? Yes No

Employer _____ from: _____ to _____
Street Address _____ Salary (mthly) at start _____ to _____
City _____ State _____ Zip Code _____ phone _____ / _____
Name and title of immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes No If yes, describe _____
Reason(s) for terminating or considering a change _____
What did you like most about this job? _____
What did you like least about this job? _____
May we contact this employer while we are considering your application? Yes No

EDUCATION

PRINT NAME, CITY, AND STATE FOR EACH SCHOOL LISTED		DATES	COURSE	MAJOR	DATE GRADUATED	DEGREE/CERTIFICATE RECEIVED
High School		to from				
College		to from				
College		to from				
Trade, Bus, Night or Corresp		to from				
other		to from				

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking _____

If not a high school graduate, indicate highest grade completed _____

If not a graduate, have you earned a General Education Development (GED) or equivalency? Yes No

SPECIAL SKILLS

Describe any volunteer work, experience, interest, training or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought _____

List all current special licenses(s), permit(s), certifications(s) and level or credited hours (CPR, lifeguard, First Aid)

Type	Level	Expiration Date

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience.

PERSONAL REFERENCES

*not relatives or employers

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME, ADDRESS & PHONE	POSITION/ OCCUPATION	YEARS KNOWN

LIST BELOW THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU:

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA to supply my employment record, in whole or part, and in confidence, to any prospective employer, government agency, or other party. with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communication distributed to employees and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on the problem of child abuse.

I also understand that my employment is conditional upon my satisfactorily passing physical examination and/or drug screening, if one is requested, to be given by a physician or register nurse selected by the YMCA and until results of my driving record, my criminal history record, reference checks, and other documents required by law are completed and until information given by me has been verified.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualification required of the position for which I am asking to be considered.

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. When you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read the above statement and accept the same as a condition of my employment with the YMCA.

Signature of Applicant

Date