



We build strong kids, strong families, strong communities.

# Application for Employment

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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

|                             |  |            |  |               |  |
|-----------------------------|--|------------|--|---------------|--|
| Last Name                   |  | First Name |  | Middle Name   |  |
| Address                     |  | Street     |  | City          |  |
|                             |  |            |  | State         |  |
|                             |  |            |  | Zip Code      |  |
| Telephone Number(s)<br>Home |  | Cell       |  | Email Address |  |

|  |   |
|--|---|
| Are you 18 years of age or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If not, you will be required to furnish working papers upon hire. | Are you legally eligible for employment in the United States?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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. |
|--|---|

Do you have any pending charges or have you ever plead guilty or been convicted of a criminal offense (felony or misdemeanor)? Do not include convictions that have been annulled or expunged.  Yes  No

If Yes, please explain & include dates, court name and location

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*Convictions are not an absolute bar to employment, but will be considered in relation to the position sought.*

|   |                     |
|---|---------------------|
| Position(s) Applied for   | Date of Application |
| How were you referred to the YMCA? <input type="checkbox"/> Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertisement <input type="checkbox"/> Drop-in <input type="checkbox"/> School <input type="checkbox"/> Website <input type="checkbox"/> Other _____ |                     |
| Name of referral source indicated above: _____  |                     |

Have you been previously employed by the Metro YMCAs of the Oranges before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you previously worked for any YMCA?  Yes  No If Yes, give date \_\_\_\_\_

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: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

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

# Employment Information (Your resume may be attached, but CAN NOT replace the information below)

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

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

If you need additional space, please continue on a separate sheet of paper.

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# Special Skills

List all current licenses, permits, certifications and level (CPR, First Aid, Lifeguarding, WSI, CDL, CDA, NJ Teachers Certification, etc.) Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.

| TYPE | ISSUING AGENCY | LEVEL | EXPIRES |
|------|----------------|-------|---------|
|      |                |       |         |
|      |                |       |         |

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: \_\_\_\_\_

Volunteer Experience: List any volunteer work you consider relevant to your ability to perform the job sought.

1) Agency Name \_\_\_\_\_ Volunteered from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Nature of Work Performed \_\_\_\_\_

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2) Agency Name \_\_\_\_\_ Volunteered from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Nature of Work Performed \_\_\_\_\_

# 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. _____ | _____   | _____        |

# General Information

|                       |                |                     |                     |
|-----------------------|----------------|---------------------|---------------------|
| Emergency Contact(s): | 1) Name _____  | Daytime Phone _____ | Evening Phone _____ |
|                       | Address: _____ |                     |                     |
|                       | 2) Name _____  | Daytime Phone _____ | Evening Phone _____ |
|                       | Address: _____ |                     |                     |

## Certification / Release (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is uncovered.

I authorize investigation of all statements contained in this application. I authorize the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) to secure information about my experience with former employers, educational institutions, agencies, references and others and obtain informational reports including, but not limited to, criminal history and consumer reports. I release the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I authorize former employers, educational institutions, agencies, references and others to provide information concerning my experience and background, releasing all parties from any liability arising there from. I understand that, if employed, my continued employment is contingent upon the results of the investigation being acceptable in the sole discretion of the Metro YMCAs of the Oranges.

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

If I am offered employment, I understand and agree that, if requested, I may be required to undergo a physical examination and that my offer of employment may be conditioned by the examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to drug and/or alcohol testing upon request by the Metro YMCAs of the Oranges. 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 Metro YMCAs of the Oranges, storage areas provided for me (locker, desk, etc.) are open to investigation by the Metro YMCAs of the Oranges without prior notice to me.

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

I understand that, if employed, the employment relationship between the Metro YMCAs of the Oranges 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 Metro YMCAs of the Oranges or myself. Neither the policies of the Metro YMCAs of the Oranges, nor any other written or verbal communication by a manager or director of the Metro YMCAs of the Oranges, are intended to create a contract of employment or a warranty of benefits.

I certify that, if employed, I will abide by all rules and regulations of the Metro YMCAs of the Oranges. 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 Metro YMCAs of the Oranges will not modify its policy of employment-at-will in any case.

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

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) \_\_\_\_\_

## Hiring Personnel Use Only:

Date rec'd \_\_\_\_\_ Referred to \_\_\_\_\_ Date \_\_\_\_\_

Date contacted \_\_\_\_\_ Referred to \_\_\_\_\_ Date \_\_\_\_\_

Notes/Comments \_\_\_\_\_