



# Application For Employment

**PERSONAL INFORMATION**--Please Print--All information will be treated confidentially.

|   |   |   |
|---|---|---|
| LAST NAME   | FIRST NAME  | MIDDLE NAME                                 |
| POSITION DESIRED  | IF OFFERED, WHEN CAN YOU REPORT FOR WORK?   | SOCIAL SECURITY NUMBER<br><i>(Optional)</i> |
| PRESENT STREET ADDRESS  | CITY/STATE/ZIP  | HOME PHONE                                  |
| Have you been employed by a BRANCH of the YMCA of Greater New York or by another YMCA organization? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>If YES, give YMCA name and address: _____   |   | BUSINESS/DAYTIME/CELL PHONE                 |
| IF HIRED, CAN YOU FURNISH PROOF THAT YOU CAN LEGALLY WORK IN THE UNITED STATES?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | REFERRED BY<br><input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School <input type="checkbox"/> Employee<br><input type="checkbox"/> Agency <input type="checkbox"/> On My Own <input type="checkbox"/> Internet Posting<br><input type="checkbox"/> Other: _____ | NAME OF SOURCE                              |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when, where, and the nature of such conviction. Conviction of an offense is not an automatic bar to employment - all circumstances will be considered, including the nature of the crime and the length of time since conviction.<br>_____ |   |   |

**EDUCATION**--List Education, Formal Training Licenses, Certificates, and Degrees related to the position sought.

| TYPE OF SCHOOL                       | NAME AND ADDRESS OF SCHOOL<br>(INDICATE CITY AND STATE) | COURSE OF STUDY / DEGREE RECEIVED | CHECK LAST YEAR COMPLETED   |
|--------------------------------------|---|-----------------------------------|---|
| High School                          |   |                                   | <input type="checkbox"/> 9 <input type="checkbox"/> 11<br><input type="checkbox"/> 10 <input type="checkbox"/> 12 |
| Junior College                       |   |                                   | <input type="checkbox"/> 1 <input type="checkbox"/> 2   |
| College                              |   |                                   | <input type="checkbox"/> 1 <input type="checkbox"/> 3<br><input type="checkbox"/> 2 <input type="checkbox"/> 4    |
| Graduate School                      |   |                                   | <input type="checkbox"/> 1 <input type="checkbox"/> 3<br><input type="checkbox"/> 2 <input type="checkbox"/> 4    |
| Business, Trade, Night school, Other |   |                                   |   |

|  |  |
|--|--|
| Check all certifications and list any technical skills that you feel qualify you for the job for which you are applying:<br><br><input type="checkbox"/> First Aid <input type="checkbox"/> CPR Pro <input type="checkbox"/> RTE <input type="checkbox"/> AED <input type="checkbox"/> Fire Safety<br><br><input type="checkbox"/> Lifeguard <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Oxygen Administration<br><br><input type="checkbox"/> Other: _____<br>_____ | Indicate any foreign languages you can speak, read, and/or write:<br><br>_____   |
|  | Organizational/memberships which you consider relevant to your ability to perform the job for which you are applying (exclude organizations that indicate your sex, race, religion, sexual orientation, national origin, age, and other characteristics protected by law) :<br><br>_____ |

**EMPLOYMENT DATA**

Your work experience is an important factor in finding a position for which you are well suited. List employment starting with your most recent position. Include military service in the U.S. Armed Forces. Do not exclude any employment. If you need more space, use an attachment or we will supply additional paper.

| Do you authorize inquiry about you from present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone (Area Code): (        ) |                              |                         |                   |                       |   |
|--|------------------------------|-------------------------|-------------------|-----------------------|---|
| DATES  | NAME AND ADDRESS OF EMPLOYER | POSITION AND SUPERVISOR | LIST MAJOR DUTIES | WAGES                 | REASON FOR LEAVING  |
| FROM<br>Mo. Yr.  |                              | YOUR JOB TITLE          |                   | STARTING<br>\$<br>Per | <input type="checkbox"/> Quit <input type="checkbox"/> Layoff<br><input type="checkbox"/> Discharge<br><br>Why? _____<br>_____<br>_____ |
| TO<br>Mo. Yr.  |                              | SUPERVISOR'S NAME       |                   | FINAL<br>\$<br>Per    |   |
|  |                              | TELEPHONE NUMBER        |                   |                       |   |
| FROM<br>Mo. Yr.  |                              | YOUR JOB TITLE          |                   | STARTING<br>\$<br>Per | <input type="checkbox"/> Quit <input type="checkbox"/> Layoff<br><input type="checkbox"/> Discharge<br><br>Why? _____<br>_____<br>_____ |
| TO<br>Mo. Yr.  |                              | SUPERVISOR'S NAME       |                   | FINAL<br>\$<br>Per    |   |
|  |                              | TELEPHONE NUMBER        |                   |                       |   |
| FROM<br>Mo. Yr.  |                              | YOUR JOB TITLE          |                   | STARTING<br>\$<br>Per | <input type="checkbox"/> Quit <input type="checkbox"/> Layoff<br><input type="checkbox"/> Discharge<br><br>Why? _____<br>_____<br>_____ |
| TO<br>Mo. Yr.  |                              | SUPERVISOR'S NAME       |                   | FINAL<br>\$<br>Per    |   |
|  |                              | TELEPHONE NUMBER        |                   |                       |   |
| FROM<br>Mo. Yr.  |                              | YOUR JOB TITLE          |                   | STARTING<br>\$<br>Per | <input type="checkbox"/> Quit <input type="checkbox"/> Layoff<br><input type="checkbox"/> Discharge<br><br>Why? _____<br>_____<br>_____ |
| TO<br>Mo. Yr.  |                              | SUPERVISOR'S NAME       |                   | FINAL<br>\$<br>Per    |   |
|  |                              | TELEPHONE NUMBER        |                   |                       |   |

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.

1. I authorize the YMCA of Greater New York to obtain information concerning former employers and others, and I release all concerned from any liability in connection therewith.
2. I declare that my answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that any false statements, or omissions of facts called for appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, may result in immediate dismissal at the YMCA of Greater New York's sole discretion.
3. If employed, I will abide by the rules, regulations, and statements of policy which now exist, or which may, from time to time, be added to, modified, or changed, as circumstances warrant, at the sole discretion of the company.
4. I understand that this application for employment is not a contract and is not intended to confer or create contractual rights of any kind or nature. If employed, employment is on an at-will basis and may be terminated any time and for any reason, with or without cause, by either the employee or the YMCA of Greater New York unless I and an authorized officer of the YMCA of Greater New York have signed a separate and written contract to the contrary.
5. Please note that an employment offer and your continued employment with the YMCA of Greater New York are contingent upon your background check.

This is to inform you as part of our procedure for processing your application based on information herein; an investigative report may be made whereby information is obtained through personal interviews with third parties.

**I have read and understand the above.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE