



West Morris Area YMCA

Application for Employment

Our Mission

The West Morris Area YMCA, a nonprofit charitable organization, has evolved to meet the needs of the communities we serve since 1889. We provide best-in-class opportunities promoting youth development, healthy living and social responsibility.

Position(s) being applied for: _____

** Notice to Applicants **

The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse.

Criminal background check 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.

Please type or print. Application must be completely filled out in order to be considered.

Personal Data

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email Address _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

Have you previously worked for any YMCA? ☐ Yes ☐ No If yes, when _____

YMCA Name & Address _____

Are you 18 years of age or older? ☐ Yes ☐ No If not, you will be required to furnish working papers upon hire.

Employment Availability

What type of position are you applying for: ___ Full time ___ Regular Part-time ___ Seasonal ___ Other

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

Any restrictions to work hours? _____ Salary Desired: \$ _____

Employment & Volunteer History

Employer _____ Address	Telephone (____) _____	Dates Employed From To	Summarize the type of work performed and job responsibilities
Starting job title/Final job title			
Immediate supervisor and title			
Reason for leaving			
Employer _____ Address	Telephone (____) _____	Dates Employed From To	Summarize the type of work performed and job responsibilities
Starting job title/Final job title			
Immediate supervisor and title			
Reason for leaving			
Employer _____ Address	Telephone (____) _____	Dates Employed From To	Summarize the type of work performed and job responsibilities
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Employer _____ Address	Telephone (____) _____	Dates Employed From To	Summarize the type of work performed and job responsibilities
Starting job title/Final job title			
Immediate supervisor and title			
Reason for leaving			

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.	

Education

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received

References

List at least three 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 & Email Address	Relationship to you	Years Known
1.			
2.			
3.			

Additional Information

Do you hold current CPR certification? ☐ Yes ☐ No
Expiration: _____

Do you hold current first aid certification? ☐ Yes ☐ No
Expiration: _____

Do you hold current lifeguarding certification? ☐ Yes ☐ No
Expiration: _____

How did you find us? (if applicable)

- ☐ Walk-in
☐ Job Fair Which One? _____
☐ Web Page
☐ Referral
☐ Advertisement
☐ Relative
☐ Employee
☐ Private Employment Agency
☐ Other _____

Other relevant certifications held:

Type: _____ Expiration: _____

Type: : _____ Expiration: _____

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, 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 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.

Do not sign until you have read and initialed the above statements

Signature of Applicant

Date

Signature of Parent if applicant is under 18 years of age

Date

Parent's Name (Please Print):

FOR YMCA USE ONLY:

Date Received: _____ Date Contacted: _____

Referred to: _____ Date: _____

Referred to: _____ Date: _____

Notes/Comments: _____