



**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

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) _____

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

EMPLOYEE EQUAL OPPORTUNITY INFORMATION

METRO YMCAS OF THE ORANGES NEW HIRE FORM

Please Check the Following:

Gender: Male Female

Race/Ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Check if any of the following are applicable:

- Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran

