



ATTLEBORO YMCA Application for Employment

Mission Statement

The YMCA of Attleboro is a charitable organization dedicated to: nurturing the potential of every child; improving the nation's health and well-being; and, giving back and providing support to our neighbors.

Personal Information

Name _____ Date of application _____

Address _____ Home phone _____

City _____ State _____ Zip _____

Previous address if less than five (5) years _____

Email address _____ Cell phone _____

May we contact you at work? Yes No

If yes, provide number and best time to call _____ AM/PM

Job Information

List the position(s) for which you are applying: _____

Type of employment you are seeking: full time (30 hours or more per week)
 part time (up to 30 hours per week)
 seasonal (summer camp)

Indicate your work availability by checking the corresponding time(s):

Mornings Days Evenings Nights Weekends

Any restrictions to your work availability? _____

Date you are available to begin working: _____

EMPLOYMENT HISTORY

Please provide employment information beginning with current or most recent employment.

Employer	Telephone	Summary of work performed/job responsibilities
Address		
Starting job title	Ending job title	
Supervisor's name and title	Dates employed from ___/___/___ to ___/___/___	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
Employer	Telephone	Summary of work performed/job responsibilities
Address		
Starting job title	Ending job title	
Supervisor's name and title	Dates employed from ___/___/___ to ___/___/___	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
Employer	Telephone	Summary of work performed/job responsibilities
Address		
Starting job title	Ending job title	
Supervisor's name and title	Dates employed from ___/___/___ to ___/___/___	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving
Employer	Telephone	Summary of work performed/job responsibilities
Address		
Starting job title	Ending job title	
Supervisor's name and title	Dates employed from ___/___/___ to ___/___/___	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving

NON-EMPLOYMENT RECORD

Please provide dates and explanation for periods of unemployment.

From		To		Reason
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

EDUCATION

School name & address (high school, college, trade)	Course of study	Diploma/degree earned

REFERENCES

List three individuals that we may contact that know you well and can attest to your abilities and suitability for employment at the YMCA.

Name	Years known	Relationship	Telephone
1.			
2.			
3.			

ADDITIONAL INFORMATION

- Do you hold current CPR certification? Yes No
- Do you hold current first aid certification? Yes No
- Do you hold current lifeguarding certification? Yes No

Please identify any skills or strengths you have that qualify you for the position(s) in which you are applying:

Please list all current and past volunteer experiences: _____

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.

Initials _____

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, resumé 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.

Initials _____

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.

Initials _____

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.

Initials _____

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.

Initials _____

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.

Initials _____

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.

Applicant signature

Date

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