



# ATTLEBORO YMCA Application for Employment

## Mission Statement

The Attleboro YMCA is a charitable organization dedicated to the causes of youth development, healthy living, and social responsibility.

## 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 <u>  /  /  </u> to <u>  /  /  </u>	
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 <u>  /  /  </u> to <u>  /  /  </u>	
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 <u>  /  /  </u> to <u>  /  /  </u>	
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 <u>  /  /  </u> to <u>  /  /  </u>	
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. I may also be subject to random, accident follow-up and for-cause testing including post-offer drug screening.

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, national origin, veteran status, religion, age, gender, or sexual orientation; or on the basis of a handicap not limiting the applicant's ability to perform the primary functions of the job. 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 by completing a new application. Employment with the YMCA is employment 'at will' which means that employees may end their employment at any time and for any reason, and that the employer (the YMCA) may terminate my employment at any time and 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.**