

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

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PERSONAL INFORMATION

FULL NAME: Please PRINT	
PRESENT ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:
Home Telephone No. () Cell/Message/Business No. + Ext. ()	
Email Address:	
Are you over 18? If you are under 18, can you furnish a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently a member of the YMCA of Montclair? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How did you learn about employment opportunities at the YMCA of Montclair?	

APPLICATION OF EMPLOYMENT

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available:	Salary desired:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op		
Please list hours and days that you are available (weekdays and weekends):		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please refer to the job description for the position to which you are applying. Will you be able to perform the assignments as described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied for employment at the YMCA of Montclair before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA of Montclair or another YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When? Where?	
How were you referred to the YMCA of Montclair? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify)	Please identify the source if referred by an employee. Employee Name:	

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
	From	To			
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned: (Circle one number only) 1. GED 2. High School 3. Associate 4. Bachelor 4. Master 5. Doctorate					Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					
Please summarize special skills and qualifications acquired from employment or other experiences that may qualify you for the position.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.			Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:	Dates of Service:	List special training or skills below:
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YMCA OF MONTCLAIR

APPLICATION OF EMPLOYMENT

7-6-15

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APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY	
COMPANY NAME		Phone No. ()	Dates of Employment		
			From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)			/ /		
Job Title-Start	Job Title-Final		Rate of Pay		
			Start Final		
Supervisor (Name & Title)			\$ Per	\$ Per	
Description of Job Duties		Reason for Separation			
COMPANY NAME		Phone No. ()	Dates of Employment		
			From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)			/ /		
Job Title-Start	Job Title-Final		Rate of Pay		
			Start Final		
Supervisor (Name & Title)			\$ Per	\$ Per	
Description of Job Duties		Reason for Separation			
COMPANY NAME		Phone No. ()	Dates of Employment		
			From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)			/ /		
Job Title-Start	Job Title-Final		Rate of Pay		
			Start Final		
Supervisor (Name & Title)			\$ Per	\$ Per	
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COMPANY NAME		Phone No. ()	Dates of Employment		
			From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)			/ /		
Job Title-Start	Job Title-Final		Rate of Pay		
			Start Final		
Supervisor (Name & Title)			\$ Per	\$ Per	
Description of Job Duties		Reason for Separation			

APPLICATION OF EMPLOYMENT**REFERENCE DATA****FAMILY AND PERSONAL REFERENCES WE MAY CONTACT**

Name	Relationship	Phone Number

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there-from.

If I employed by the YMCA, I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if hired as an employee by the YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

If I am employed by the YMCA, I understand my employment is at-will and can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form or an attached resume or other written attachment is true and correct. I understand that any misrepresentation or omission will be grounds for discharge from employment whenever discovered.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein. I also understand that neither this Application for employment nor any other personnel forms constitute a contract.

Applicant Signature

Date of Application

Parent or Legal Guardian's Signature (If you are under 18)

Date