



# Wyckoff Family YMCA

## Application for Employment

### YMCA Mission

Our mission at the Wyckoff Family YMCA is to reach out to the residents of northern Bergen County and provide services and activities which help people regardless of age, sex, race or religion to develop in spirit, mind, and body.

### **\*\* 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.**

Position(s) being applied for: \_\_\_\_\_

Location: \_\_\_\_\_

*We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.*

**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.

• Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense, public indecency or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court?  
 No  Yes, detail \_\_\_\_\_

• Offenses against persons or family?  
 No  Yes, detail \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment but will be considered in relation to the position sought.

### 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**

Provide the following information of your past and current employers or assignments, **starting with the most recent** (use additional sheets if necessary).

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

**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.	
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	Relationship to you	Years Known
1.			
2.			
3.			

**Additional Information**

Do you hold current CPR certification?  Yes  No

Expiration: \_\_\_\_\_

CPR Level: \_\_\_\_\_

Do you hold current first aid certification?  Yes  No

Expiration: \_\_\_\_\_

Do you hold current lifeguarding certification?  Yes  No

Expiration: \_\_\_\_\_

Other relevant certifications held:

Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

How did you find us? (if applicable)

- Walk-in
- Signs at Center
- Web Page
- Referral
- Advertisement
- Relative
- Employee
- Private Employment Agency
- Other \_\_\_\_\_

**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:**