



We build strong kids, strong families, strong communities.

Application for Employment

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

BRANCH OF INTEREST: East Orange South Mountain West Essex Fairview Lake Sussex County Association Services

Last Name		First Name		Middle Name	
Address		Street		City	
				State	
				Zip Code	
Telephone Number(s) Home		Cell		Email Address	

<p>Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, you will be required to furnish working papers upon hire.</p>	<p>Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>
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Do you have any pending charges or have you ever plead guilty or been convicted of a criminal offense (felony or misdemeanor)? Do not include convictions that have been annulled or expunged. Yes No

If Yes, please explain & include dates, court name and location

Convictions are not an absolute bar to employment, but will be considered in relation to the position sought.

Position(s) Applied for	Date of Application
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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
 If Yes, give date _____

Have you previously worked for any YMCA? Yes No If Yes, give date _____

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: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

SCHOOL	NAME/LOCATION	COURSE STUDY	# YRS COMPLETED	DIPLOMA/DEGREE
High School				
College				
Graduate				
Other School				

Employment Information (Your 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	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	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	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Special Skills

List all current licenses, permits, certifications and level (CPR, First Aid, Lifeguarding, WSI, CDL, CDA, NJ Teachers Certification, etc.) Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.

TYPE	ISSUING AGENCY	LEVEL	EXPIRES

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: _____

Volunteer Experience: List any volunteer work you consider relevant to your ability to perform the job sought.

1) Agency Name _____ Volunteered from _____ to _____

Address _____ Phone Number _____

Contact Name _____ Nature of Work Performed _____

2) Agency Name _____ Volunteered from _____ to _____

Address _____ Phone Number _____

Contact Name _____ Nature of Work Performed _____

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. _____	_____	_____

General Information

Emergency Contact(s):	1) Name _____	Daytime Phone _____	Evening Phone _____
	Address: _____		
	2) Name _____	Daytime Phone _____	Evening Phone _____
	Address: _____		

Certification / Release (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is uncovered.

I authorize investigation of all statements contained in this application. I authorize the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) to secure information about my experience with former employers, educational institutions, agencies, references and others and obtain informational reports including, but not limited to, criminal history and consumer reports. I release the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I authorize former employers, educational institutions, agencies, references and others to provide information concerning my experience and background, releasing all parties from any liability arising there from. I understand that, if employed, my continued employment is contingent upon the results of the investigation being acceptable in the sole discretion of the Metro YMCAs of the Oranges.

I authorize the Metro YMCAs of the Oranges to supply my employment record, in whole or in part, and in confidence to any prospective employer government agency, or any other party, with a legal and proper interest.

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

I agree to submit to drug and/or alcohol testing upon request by the Metro YMCAs of the Oranges. I recognize that the result of these tests may be used to determine my employment or continued employment. I understand and expressly agree that, if employed by the Metro YMCAs of the Oranges, storage areas provided for me (locker, desk, etc.) are open to investigation by the Metro YMCAs of the Oranges without prior notice to me.

I consent that photographs that may be taken of me by the Metro YMCAs of the Oranges are property of the Metro YMCAs of the Oranges and may be reproduced as the YMCA desires, free from any claim on my part.

I understand that, if employed, the employment relationship between the Metro YMCAs of the Oranges 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 Metro YMCAs of the Oranges or myself. Neither the policies of the Metro YMCAs of the Oranges, nor any other written or verbal communication by a manager or director of the Metro YMCAs of the Oranges, are intended to create a contract of employment or a warranty of benefits.

I certify that, if employed, I will abide by all rules and regulations of the Metro YMCAs of the Oranges. 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 Metro YMCAs of the Oranges will not modify its policy of employment-at-will in any case.

I understand that completion of this employment application does not guarantee me status as an applicant or any consideration for employment unless I meet all state minimum qualifications required of the position for which I am asking to be considered.

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) _____

Hiring Personnel Use Only:

Date rec'd _____ Referred to _____ Date _____

Date contacted _____ Referred to _____ Date _____

Notes/Comments _____

Fairview Lake YMCA Reference Form



Staff/Volunteer's Name: _____

Position Applied for: _____

To The Applicant:

- Please enter your name and position applied for in the space above.
- Provide a stamped envelope addressed to Camp to the individual completing the reference for you.
- It is your responsibility to see that forms are distributed and returned to the Camp Office.

To The Reference:

- Please complete the questions below as fully and honestly as possible. Your opinions will become part of the applicant's confidential file.
- Thank you for taking the time to provide your feedback.

How long have you known the applicant?

In what capacity do you know the applicant?

Have you observed the applicant working with children?

How would you rate the applicant's:

Performance:

Supervisory abilities:

Do people respect/like the applicant?

The applicant will be working directly with children. Do you see this as an appropriate position?

What are the applicant's strengths?

Are there any areas the applicant needs to improve?

Would you rehire the applicant?

Is there any other information you would like to share that will help us assess the applicant's capabilities?

Reference's Name (please print)

Reference's Firm

Reference's Phone Number

Date

Reference's Signature

(For office use only)

Staff Making Call: _____ Date: _____

Comments: