

NORTHWEST CT YMCA

Application for Employment

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn more about your experience, abilities and interests, please complete this Application for Employment as thoroughly as possible.

Please complete all sections, even if you are attaching a resume.

PERSONAL INFORMATION

Name:	Social Security Number:	Home Telephone Number:
Address: Street Number & Name, City, State, Zip Code	Years at Current Residence:	Best Number to Reach You:
Previous Address: Street Number & Name, City, State, Zip Code	Years at Previous Residence:	Email Address:
Can you, after employment, submit verification of you legal right to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, do you have a reliable means of transportation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

1. Name:	Title:	Company:
Relationship:	Phone Number:	
2. Name:	Title:	Company:
Relationship:	Phone Number:	
3. Name:	Title:	Company:
Relationship:	Phone Number:	

I, _____ (name) authorize the above listed individuals, including former employers, to release any and all information related to my employment to the Northwest CT YMCA (prospective employer). I release my former employer, its officers, directors, agents and employees, and the Northwest CT YMCA, its officers, directors, agents and employees from all liability arising from the release or obtain of such information.

Sign: (Please Type Full Name Below)

Date:

EMPLOYMENT DESIRED

Type of Position Desired:	Date Available:	Salary Desired:
Are You Presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, May We Contact Your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Work Schedule You're Looking For?		Total Hours Per Week:
Days Per Week: <input type="checkbox"/> Any <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Shifts: Start End
Days Per Week: <input type="checkbox"/> Any <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Shifts: Start End
Days Per Week: <input type="checkbox"/> Any <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		Shifts: Start End
Have You Ever Applied at the Northwest CT YMCA before?		Have You Ever Been Employed by the Northwest CT YMCA Before?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, When?		If Yes, When?
How were you referred to the Northwest CT YMCA:		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please Specify)		

EDUCATION AND TRAINING

School Name & Location	Years Attended From: To:	Graduate? Yes No	Degree Earned	Major Subject/Total Hours (If Applicable)
Elementary:				
High School:				
College/University				
College/University				
Highest Degree Earned:			Overall Scholastic Average:	
<input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate				
Additional Educations, Vocational and/or Professional Information, such as special areas of research or study, seminars, etc... If familiarity with a certain foreign language is listed on the job description, please describe your foreign language skills.				
Professional memberships, certificates held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations).				
Typing (Words per Minute):		Computer Skills (Word, Excel, etc...)		Other machines requiring special skills:

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

Please List in Order of Most Recent Employment First	Personnel Use Only
<p>Company Name:</p> <p>Dates of Employments: From (Mo/Yr) To (Mo/Yr)</p> <p>Phone Number:</p> <p>Address (Street, City, State, Zip Coded):</p> <p>Job Title -</p> <p>Supervisor (Name & Title):</p> <p>Description of Job Duties:</p>	
<p>Company Name:</p> <p>Dates of Employments: From (Mo/Yr) To (Mo/Yr)</p> <p>Phone Number:</p> <p>Address (Street, City, State, Zip Coded):</p> <p>Job Title -</p> <p>Supervisor (Name & Title):</p> <p>Description of Job Duties:</p>	

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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.

Initial:

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.

Initial:

If employed by the YMCA, I will abide by YMCA 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.

Initial:

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.

Initial:

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 employed by the YMCA, storage areas provided for me (locker, desk, etc...) are open to investigation by the YMCA without prior notice to me.

Initial:

If the YMCA employs me I understand my employment 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 Company 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 the YMCA and myself.-

Initial:

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 is true and correct.

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, but the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me 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.

Sign: (Please Type Full Name Below)

Date:

When completed, save this file as "Job Application" to your computer and attach it, along with your resume, to an email and send it to jobs@nwcty.org.