

TODAY'S DATE \_\_\_\_\_

**LAKELAND HILLS FAMILY YMCA  
100 FANNY ROAD  
MT. LAKES, NEW JERSEY 07046  
(973) 334-2820**

LAKELAND HILLS FAMILY  
YMCA IS AN EQUAL OPPORTUNITY  
EMPLOYER AND WILL NOT DISCRIMINATE  
ON THE BASIS OF ANY LEGALLY  
PROTECTED STATUS.

**\*\*Notice to applicants\*\***  
The YMCA maintains a zero tolerance for child  
abuse and/or substance abuse.  
Criminal background checks will be conducted.  
Screening tests for alcohol and illegal drug use  
may be required before hiring and during  
employment

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
last first middle initial

ADDRESS \_\_\_\_\_  
street city state zip code

TELEPHONE \_\_\_\_\_ Email \_\_\_\_\_  
area code & number

ARE YOU EITHER 18 YEARS OF AGE OR OLDER ? YES \_\_\_ NO \_\_\_  
**IF NOT, YOU WILL BE REQUIRED TO FURNISH WORKING PAPERS UPON HIRE.**

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO IS AUTHORIZED TO WORK IN THE U.S.?  
YES \_\_\_ NO \_\_\_

**EMPLOYMENT DESIRED**

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

FULL-TIME \_\_\_ PART-TIME \_\_\_ TEMPORARY \_\_\_ VOLUNTEER \_\_\_

DATE OF AVAILABILITY \_\_\_\_\_

ARE YOU AVAILABLE TO WORK OVERTIME? YES \_\_\_ NO \_\_\_  
(YOU ARE NOT REQUIRED TO ACCOUNT FOR THE NEED FOR TIME OFF DUE TO  
RELIGIOUS PREFERENCE.)

**BACKGROUND**

HAVE YOU PREVIOUSLY WORKED FOR ANY YMCA? \_\_\_\_\_ IF YES, WHEN AND YMCA NAME AND ADDRESS. \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY? \_\_\_\_\_ WHEN? \_\_\_\_\_

WERE YOU EVER EMPLOYED BY THIS COMPANY \_\_\_\_\_ WHEN? \_\_\_\_\_ IN WHAT POSITION? \_\_\_\_\_

PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 OR OTHER VIOLATION OF LAW? (DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT).

YES \_\_\_ NO \_\_\_

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT BUT WILL BE CONSIDERED IN RELATION TO THE POSITION SOUGHT.

PLEASE DESCRIBE THE NATURE OF THE CONVICTION, THE DATE OF THE CONVICTION AND YOUR REHABILITATION SINCE YOUR CONVICTION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| EDUCATION   | SCHOOL NAME & ADDRESS | MAJOR OR COURSE OF STUDY | HIGHEST GRADE COMPLETED |
|-------------|-----------------------|--------------------------|-------------------------|
| HIGH SCHOOL |                       |                          |                         |
| COLLEGE     |                       |                          |                         |
| GRADUATE    |                       |                          |                         |
| OTHER       |                       |                          |                         |

**REFERENCES (INCLUDE ONE FAMILY MEMBER)**

| NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|---------------------|---------|--------------|
| _____               | _____   | _____        |
| _____               | _____   | _____        |
| _____               | _____   | _____        |
| _____               | _____   | _____        |

**FORMER EMPLOYERS**

LIST BELOW YOUR WORK EXPERIENCE (STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER) FOR THE LAST FIVE YEARS OR YOUR LAST THREE EMPLOYERS,

USE THE REVERSE SIDE OF THE APPLICATION IF YOU NEED ADDITIONAL SPACE.

**PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN THIS SECTION.**

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES \_\_\_ NO \_\_\_

| DATE EMPLOYED | NAME, ADDRESS & PHONE # OF EMPLOYER | NAME OF SUPERVISOR | STARTING POSITION | ENDING POSITION & SALARY | REASON FOR LEAVING |
|---------------|-------------------------------------|--------------------|-------------------|--------------------------|--------------------|
| FROM          |                                     |                    |                   |                          |                    |
| TO            |                                     |                    |                   |                          |                    |
| FROM          |                                     |                    |                   |                          |                    |
| TO            |                                     |                    |                   |                          |                    |
| FROM          |                                     |                    |                   |                          |                    |
| TO            |                                     |                    |                   |                          |                    |
| FROM          |                                     |                    |                   |                          |                    |
| TO            |                                     |                    |                   |                          |                    |
| FROM          |                                     |                    |                   |                          |                    |
| TO            |                                     |                    |                   |                          |                    |

PLEASE LIST ANY OTHER JOB RELATED EXPERIENCE, SKILLS, OR ACTIVITIES, INCLUDING UNITED STATES MILITARY SERVICE EXPERIENCE, NOT DESCRIBED ABOVE, WHICH YOU WOULD LIKE US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION SOUGHT. (YOU ARE NOT REQUIRED TO LIST ANY INFORMATION WHICH MAY TEND TO REVEAL A PROTECTED CHARACTERISTIC AS SET FORTH IN THE EEO STATEMENT ABOVE.)

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**APPLICANT'S 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***

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DATE

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SIGNATURE OF APPLICANT  
OR PARENT IF APPLICANT UNDER 18 YEARS OF AGE

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

AFTER DISCUSSING THE POSITION FOR WHICH  
YOU HAVE APPLIED WITH A LAKELAND HILLS  
FAMILY YMCA REPRESENTATIVE AND/OR  
REVIEWING THE ASSOCIATED JOB DESCRIPTION,  
PLEASE ANSWER THE FOLLOWING QUESTION:

ARE YOU ABLE TO PERFORM ALL OF THE JOB  
FUNCTIONS?

YES \_\_\_ NO \_\_\_