

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.)

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

DATE

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 ___