



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION

YMCA of Metuchen, Edison,
Woodbridge and South Amboy

Our YMCA is an Equal Opportunity Employer. We consider each application without regard to age, race, gender, color, religious creed, national origin, sexual orientation, physical and mental disability, handicap, genetic information, marital/civil union status, veteran status, criminal record 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.

Provide below the position applying for and select location(s) :			NOTICE TO APPLICANTS
YMCA Branch	Child Care School Age Child Care	Seasonal Location	
<input type="checkbox"/> Edison YMCA <input type="checkbox"/> Metuchen YMCA <input type="checkbox"/> South Amboy YMCA <input type="checkbox"/> YMCA at Piscataway Community Center	<input type="checkbox"/> Avenel <input type="checkbox"/> Colonia <input type="checkbox"/> Edison <input type="checkbox"/> Fords <input type="checkbox"/> Metuchen <input type="checkbox"/> Perth Amboy <input type="checkbox"/> South Amboy	<input type="checkbox"/> Camp Oakcrest in Edison <input type="checkbox"/> The Edison YMCA Pool <input type="checkbox"/> Camp Oak Tree at Edison Y <input type="checkbox"/> Camp Munsee at Metuchen Y <input type="checkbox"/> Camp Lenape at Piscataway Community Center <input type="checkbox"/> Camp SAY at South Amboy Y	

The YMCA of Metuchen, Edison Woodbridge and South Amboy maintains a "ZERO TOLERANCE" for child abuse and/or substance abuse.

Criminal background checks and other federal or state screenings for child abuse will be conducted. Screening tests for alcohol and illegal drug use may be required before and during employment.

We take pride in providing a safe environment for all children, members and staff.

PERSONAL INFORMATION: Please print legibly. Application must be completed in full and signed to be considered for employment.

Full Name	Date of Application
Street Address	Home Phone
City, State, Zip	Cell Phone
Email	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Name and Relationship	Emergency Phone
Previous residence (street address, city, state, zip)	
Were you previously employed at this YMCA or another YMCA? <input type="checkbox"/> No <input type="checkbox"/> If YES, provide dates and name /address of YMCA:	
Do you have any physical limitations that preclude you from performing any work you are being considered for? <input type="checkbox"/> No <input type="checkbox"/> If YES, what can be done to accommodate your limitations?	
Do you have any pending charges or ever pled guilty or been convicted of a crime, felony, disorderly persons offense, public indecency, drunk driving offense or other violation of the law? Do not include convictions that have been annulled, expunged or sealed by the court. <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain:	

* Answering yes to the above question does not constitute an automatic bar from employment, but will be considered in relation to the position sought.

EMPLOYMENT AVAILABILITY

Position applying for: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other:	Times Available: <input type="checkbox"/> Morning <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends
List Hours Available:	Restrictions to Work Days:
Restrictions to Work Hours:	Date Available to Start:

EMPLOYMENT & VOLUNTEER HISTORY

Provide the following information for current and past employers or volunteer assignments, starting with the most recent, use additional sheets if necessary. A resume does not replace the completion of the YMCA Employment Application.

Employer /Organization	Phone	Dates of Employment Month / Year	Summarize type of work performed and job responsibilities
Street Address, City, State, Zip		From /	
Job title (s)		To /	
Name of immediate supervisor and title		Email Address	
Reason for leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer /Organization	Phone	Dates of Employment Month / Year	Summarize type of work performed and job responsibilities
Street Address, City, State, Zip		From /	
Job title (s)		To /	
Name of immediate supervisor and title		Email Address	
Reason for leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer /Organization	Phone	Dates of Employment Month / Year	Summarize type of work performed and job responsibilities
Street Address, City, State, Zip		From /	
Job title (s)		To /	
Name of immediate supervisor and title		Email Address	
Reason for leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOW WERE YOU REFERRED TO OUR YMCA?	
<input type="checkbox"/> Ad <input type="checkbox"/> Agency <input type="checkbox"/> Signage <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> YMCA Staff Referral <input type="checkbox"/> Other _____	

NON-EMPLOYMENT RECORD: Please explain any gaps in your employment history.

From		To		Reason
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 / Certificate Received

SKILLS: Please summarize qualifications acquired from employment or other experience relevant to position.

Check off special skills or interests:

- Aquatics
 Art
 CDL License
 Child Care
 Clerical/Admin
 Customer Service
 Fitness/Nutrition
 Fundraising
 Maintenance
 Math/Science
 Music Instruction
 Event/Party Planning
 Technology
 Theater/Dance
 Youth Sports/Coaching
 Other _____

CERTIFICATIONS

- Do you hold current **CPR** certification? Yes No Expiration _____
 Do you hold current **First Aid** certification? Yes No Expiration _____
 Do you hold current **Lifeguarding** certification? Yes No Expiration _____
 Do you hold current **AED/Oxygen** certification? Yes No Expiration _____

Other Certifications/Licenses _____

REFERENCES

Provide at least three professional references (employers, teachers, coaches etc.) and three personal references, who can attest to your abilities and suitability for YMCA employment. One reference must be a family member.

Name	Street Address, City, State, Zip	Phone	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA of Metuchen, Edison, Woodbridge and South Amboy is true, complete and correct, and I understand that any information provided found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or result in my immediate discharge from the YMCA of Metuchen, Edison, Woodbridge and South Amboy's service, whenever it is discovered.

Initial _____

I expressly authorize, without reservation, the YMCA of Metuchen, Edison, Woodbridge and South Amboy, 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 of Metuchen, Edison, Woodbridge and South Amboy, 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 of Metuchen, Edison, Woodbridge and South Amboy 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 of Metuchen, Edison, Woodbridge and South Amboy does not discriminate in hiring or employment on the basis of age, race, gender, color, religious creed, national origin, sexual orientation, genetic information, marital/civil union status, veteran's status, ancestry; or on the basis of a physical or mental handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA of Metuchen, Edison, Woodbridge and South Amboy will give this application every reasonable consideration. However, in accepting it, the YMCA of Metuchen, Edison, Woodbridge and South Amboy makes no commitment of employment to the applicant.

Initial _____

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the YMCA of Metuchen, Edison, Woodbridge and South Amboy, and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. Employment with the YMCA of Metuchen, Edison, Woodbridge and South Amboy is employment at will, which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA of Metuchen, Edison, Woodbridge and South Amboy) 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 a USCIS FORM I-9 in this regard.

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 of Application

Signature of Parent if Applicant is Under 18 Years of Age

Date

Parent's Name (please print)

Date

FOR YMCA USE ONLY

Date Received _____ Date Contacted _____ Comments _____