



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RYE YMCA

21 Locust Avenue, Rye, New York 10580
914-967-6363/Fax 914-967-0644

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name _____ Date _____
Last First Middle Maiden

If you were previously know by any other names during prior employment (Maiden Name, etc.), please indicate below:

Current Address _____ Telephone: Home () _____
Street City Zip Cell () _____

E-mail address: _____

Please indicate prior addresses if you have not lived at this address for the past seven years _____

Are you 18 years of age, or over? Yes No Are you a veteran? Yes No Dates of military service: _____

Are you authorized to work in the United States? Yes No If hired, can you provide backup documentation?

Mission Statement:

The Rye YMCA is a family oriented community service organization which welcomes all people and promotes positive values through programs that build spirit, mind and body.

GENERAL

Applying for position as _____ Acceptable Salary Range _____

Full Time Part-time Temporary

Date Available _____

If applying for seasonal work, are you available to work during the school term? Yes No

Have you previously applied for employment for any YMCA? Yes No Worked for any YMCA? Yes No

If so, when? _____ Location _____

How were you referred to the YMCA? Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever pleaded guilty to, or been convicted of, a criminal offense? Yes No

If yes, give dates and circumstances _____

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position? Yes No

If yes, give dates and circumstances _____

EMPLOYMENT HISTORY

List all positions you have held, beginning with your most recent. Include self-employment and volunteer work. Attach an additional sheet, if necessary.

Current, or last, employer _____ Employed from _____ to _____

Street address _____ Salary at start \$ _____ At end \$ _____

City _____ State _____ Zip _____ Telephone (____) _____

Name and title of _____

Immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Previous employer _____ Employed from _____ to _____

Street address _____ Salary at start \$ _____ At end \$ _____

City _____ State _____ Zip _____ Telephone (____) _____

Name and title of _____

Immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Previous employer _____ Employed from _____ to _____

Street address _____ Salary at start \$ _____ At end \$ _____

City _____ State _____ Zip _____ Telephone (____) _____

Name and title of _____

immediate supervisor _____ Your title _____

List major duties performed in this position:

Any supervisory experience? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

REFERENCES (List 3 Business and 1 Personal/Family)

Name	Occupation	Address	City/State	Home Phone #	Business Phone #

EDUCATION

TYPE	NAME/LOCATION	DATES ATTENDED	MAJOR/COURSE	DID YOU GRADUATE	DEGREE/DIPLOMA
High School		From _____ To _____			
College		From _____ To _____			
College		From _____ To _____			
Business, Trade, Technical		From _____ To _____			
Other (GED, etc)		From _____ To _____			

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking

Highest level of education completed (include name of school and location) _____

SPECIAL SKILLS

Describe any volunteer work, other experience, interests, training, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought. _____

List all current special license (s), permit (s), certification (s), and level or credited hours (CPR, Lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience. _____

EMPLOYEE STATEMENT

The above information is true and complete to the best of my knowledge. Should I be employed by the Rye YMCA, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Rye YMCA has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history, and I release all parties from any possible damages resulting from disclosing such information.

I understand and agree that my employment is for no definite period of time and may be terminated at any time without previous notice.

PRINT FULL NAME

SIGNATURE

DATE