



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SOMERSET COUNTY YMCA EMPLOYMENT APPLICATION

Thank you for your interest in working at Somerset County YMCA!

Somerset County YMCA is a drug-free environment and an equal opportunity employer that does not discriminate on the basis of sex, age, race, color, creed, religion, marital status, national origin, ancestry, affectional or sexual orientation, genetic information, domestic partnership, atypical hereditary cellular or blood trait, non-job related handicap or disability, liability for service in the US Armed Forces, citizenship or any other characteristic protected by applicable Federal, State, or Local laws. Somerset County YMCA will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose undue hardship on the operation of Somerset County YMCA.

Please return this application to: Somerset County YMCA, Human Resources, 140 Mt. Airy Road, Basking Ridge, NJ 07920. Please provide all information as requested on the application. Incomplete applications will not be processed.

Personal Information

FIRST NAME: _____ **LAST NAME:** _____ **DATE:** _____

ADDRESS: _____
Street City State ZIP

TELEPHONE: Home _____ / _____ **Mobile:** _____ / _____ **E-MAIL:** _____

Are you 18 years of age or older? (If not, working papers will be required for employment.) **Yes**
 No

Are you legally eligible for employment in the United States? **Yes**
 No

Except for a traffic violation, have you ever been convicted of or plead guilty to any crime which has not been sealed or expunged by a court? Somerset County YMCA conducts background investigations including criminal record checks. **Yes**
 No

Convictions are not an absolute bar to employment but will be considered in relation to the position sought. To help us evaluate your application, please describe the date of the offense, the nature of the offense and your subsequent rehabilitation:

Employment Information

Position(s) Applied For (Must Specify):	Preferred Branch Location: <input type="checkbox"/> Bridgewater <input type="checkbox"/> Somerville <input type="checkbox"/> Hillsborough <input type="checkbox"/> Somerset Hills	Date Available:	Salary Desired:
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Availability to work: Full-time Part-time Temporary Seasonal Occasional or On-call

If part-time, the total hours per week are: _____

List available days/hours:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you previously been employed by this Y or any other YMCA? **Yes**
If yes, please provide date(s) and location(s): **No**

How were you referred to Somerset County YMCA? Employee SCYMCA Website Walk-in School
 Other Website (Please list) _____ Other (Please list) _____

Name of referral source indicated above (Employee name, Website, School, etc.):

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Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree Earned	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

Employment History List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.

Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	
Employer	Telephone /	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	

Please explain any gaps in your employment history:

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Professional References: Please provide 3 professional references below (supervisors, co-workers who will have knowledge of your work). **Do not include relatives.**

Name:	Occupation:	Years Known:
E-mail:	Phone: _____ / _____	
Name:	Occupation:	Years Known:
E-mail:	Phone: _____ / _____	
Name:	Occupation:	Years Known:
E-mail:	Phone: _____ / _____	

Personal References: Please provide 2 personal references below who have known you for at least 3 years. **One must be a direct family member.**

Name:	Relationship:
E-mail:	Phone: _____ / _____
Name:	Relationship:
E-mail:	Phone: _____ / _____

Statement of Job Applicant

I certify that all information I have provided in order to apply for and secure work with Somerset County 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 Somerset County YMCA service whenever it is discovered. **Initials** _____

I expressly authorize, without reservation, Somerset County 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 Somerset County 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. **Initials** _____

Somerset County YMCA maintains a "zero tolerance" policy for child abuse and/or substance abuse. **Initials** _____

I am not a child molester, abuser or pedophile; and I have not been accused of being a molester or abuser. **Initials** _____

I understand that Somerset County 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 the available job satisfactorily. Somerset County YMCA will give this application every reasonable consideration. However, in accepting it, Somerset County YMCA makes no commitment of employment of the applicant. **Initials** _____

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from Somerset County YMCA and still wish to be considered for employment, it may be necessary to reapply and complete a new application. Employment with Somerset County YMCA is employment at will which means that employees may end their employment at any time, for any reason; and that the employer, Somerset County YMCA, may terminate employees at any time for any reason, with or without cause. **Initials** _____

I understand that if I am hired, I will be required to provide proof of identify 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.

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

If Under 18, Parent/Guardian Signature

Date

Parent's Name (please print)