

# HUNTERDON COUNTY YMCA EMPLOYMENT APPLICATION

Return this application to: Human Resources, 1410 Rte. 22 West, Annandale, NJ 08801



The Hunterdon County YMCA is an equal opportunity employer. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

## APPLICATION INSTRUCTIONS

Please note: **Incomplete applications cannot be processed.**

Please provide all information requested on the application:

1. Please *print* all information clearly in blue or black ink.
2. Complete *all* sections of the application and answer each question completely and accurately.
3. Complete the previous employment history section of the application *even if you are attaching a resume*.
4. Sign and date the application where indicated.
5. We will cross-reference your resume and/or application with our current openings on a regular basis, however, it will be necessary for you to reapply after six months.

**\*\*NOTICE TO APPLICANTS\*\***  
**The YMCA maintains a "Zero Tolerance" for child abuse and/or substance abuse.**

**Criminal background check and other federal or state screenings for child abuse will be conducted.**

**Screening tests for alcohol and illegal drug use may be required before hiring and during employment.**



## PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address		Home Phone (    )	
		Cell Phone (    )	
City, State, Zip		Business (    )	
		Email address:	

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

If yes, please explain & include dates, court name & location: \_\_\_\_\_

(Pending charges or a conviction will not necessarily disqualify an applicant from employment but will be considered in relation to the position sought).

Have you previously applied for employment with us?    Yes     No       Are you 18 years of age or older?    Yes     No   
 If yes, When \_\_\_\_\_ Location \_\_\_\_\_      If not, you will be required to furnish working papers upon hire.

Have you previously worked for any other YMCA? Yes     No       If yes: When \_\_\_\_\_  
 YMCA Name & Address \_\_\_\_\_

Position(s) Applied For:	Date Available:	Salary Desired:

<b>Availability to work:</b> Check off days & include times	Status:    ___ Full-Time    ___ Part-Time		___ Fri    Hours _____	
	___ Mon    Hours _____	___ Weds    Hours _____	___ Sat    Hours _____	
	___ Tues    Hours _____	___ Thurs    Hours _____	___ Sun    Hours _____	

## GENERAL INFORMATION

Emergency Contact:

1) Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Address \_\_\_\_\_

2) Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Address \_\_\_\_\_



## SPECIAL SKILLS & CERTIFICATIONS

List all current licenses, permits, certifications and level (CPR, First Aid, Lifeguarding, WSI, CDL, CDA, NJ Teachers Certification, etc.) Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.

TYPE	ISSUING AGENCY	LEVEL	EXPIRES
_____	_____	_____	_____
_____	_____	_____	_____

Computer Knowledge Do you know how to use a PC?  Yes  No

Have you used and are you competent in the following software:

Microsoft Windows       Excel       Powerpoint  
 Word       Publisher       Access

Other word processing, spreadsheet, desktop publishing, or database management program: (please specify) \_\_\_\_\_

Other Special Training or Skills which you consider relevant to performing the job sought: \_\_\_\_\_

## VOLUNTEER EXPERIENCE (List any volunteer work you consider relevant to your ability to perform the job sought.)

Agency Name	Phone (    )
Address	Dates Volunteered (Month & Year) From                      To
Contact Name	
Nature of Work Performed	

Agency Name	Phone (    )
Address	Dates Volunteered (Month & Year) From                      To
Contact Name	
Nature of Work Performed	

## PERSONAL REFERENCES

Please provide 3 personal references below who have known you for at least 3 years. **Include 1 relative. Do not include employers.**

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. Relative: _____	_____	_____

## PROFESSIONAL REFERENCES

Please provide three professional references below (supervisors or co-workers from present and previous employers who have knowledge of your work). **Do not include relatives or current HCYMCA staff members.**

NAME	PROFESSIONAL RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**CERTIFICATION / RELEASE** (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. **I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is uncovered.** Initial \_\_\_\_\_

I authorize investigation of all statements contained in this application. I authorize the Hunterdon County YMCA (its authorized employees, agents or representatives hereafter referred to as HCYMCA) to secure information about my experience with former employers, education institutions, agencies, references and others and obtain informational reports including, but not limited to, criminal history and consumer reports. I release the HCYMCA (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I authorize former employers, education institutions, agencies, references and others to provide information concerning my experience and background, releasing all parties from any liability arising therefrom. I understand that, if employed, my continued employment is contingent upon the results of the investigation being acceptable in the sole discretion of the HCYMCA. Initial \_\_\_\_\_

I authorize the HCYMCA to supply my employment record, in whole or in part, and in confidence to any prospective employer, government agency, or any other party, with a legal and proper interest. Initial \_\_\_\_\_

If I am offered employment, I understand and agree that, if requested, I may be required to undergo a physical examination and that my offer of employment may be conditioned by the examination. I agree to authorize release of all results or information obtained from such physical examinations. 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. I recognize that the result of these tests may be used to determine my employment or continued employment.** Initial \_\_\_\_\_

**I am not a child molester, abuser or pedophile, and have not been accused of being a molester, abuser or pedophile.** Initial \_\_\_\_\_

I understand and expressly agree that, if employed by the HCYMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the HCYMCA without prior notice to me. Initial \_\_\_\_\_

I consent that photographs that may be taken of me by the HCYMCA are property of the HCYMCA and may be reproduced as the YMCA desires, free from any claim on my part. Initial \_\_\_\_\_

I understand that, if employed, the employment relationship between the HCYMCA and me is employment-at-will, and, therefore, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the HCYMCA or myself. Neither the policies of the HCYMCA, nor any other written or verbal communication by a manager or director of the HCYMCA, are intended to create a contract of employment or a warranty of benefits. Initial \_\_\_\_\_

I certify that, if employed, I will abide by all rules and regulations of the HCYMCA. I understand that, if employed, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the HCYMCA at its discretion except that the HCYMCA will not modify its policy of employment-at-will in any case. Initial \_\_\_\_\_

I understand that completion of this employment application does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered. 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. 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. Initial \_\_\_\_\_

I certify that I have read the above statements and accept the same as a condition of my consideration for employment with the HCYMCA. **Do not sign until you have read and initialed the above statements.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent if applicant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

**FOR HUMAN RESOURCE DEPT USE ONLY:**

Date Received \_\_\_\_\_ Date Contacted \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF APPLICANT

In the Hunterdon County YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my employment by the Hunterdon County YMCA, I will comply with all policies set forth in the Employee Handbook and with other policies established from time to time by the Association. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand that my continued employment may be contingent upon a physician's statement showing me to be in good health and a clean criminal history background check.

I understand that it is this Association's option to secure conviction criminal history information as a part of the employment screening process. I have provided the following information for the sole purpose of obtaining a criminal history file search. I understand that the Hunterdon County YMCA does not condone child abusers and that, as a part of this investigation, the Hunterdon County YMCA will be seeking information in my background related to child abuse.

Name \_\_\_\_\_  
Last First Middle

Maiden name/names previously used \_\_\_\_\_

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment, may be cause for termination of employment with the YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that, if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

I understand that the YMCA follows the Character Development values of Caring, Honesty, Respect & Responsibility and that, if hired, I will be expected to display and uphold these values during my employment with the YMCA.

I understand and agree that, if I am employed, there is no contract period for employment and my employment would be solely an "employment at will" giving either me or the YMCA the right to terminate my employment at any time for any reason without liability or obligation except for my regular pay through the date of termination.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## ADDRESSES (Please list present and ALL previous addresses - continue on next page if needed)

\_\_\_\_\_  
Present Street Address

From:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

**ADDRESSES** (Please list ALL previous addresses - continued from previous page)

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo\_\_\_\_\_ Yr\_\_\_\_\_

Mo\_\_\_\_\_ Yr\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo\_\_\_\_\_ Yr\_\_\_\_\_

Mo\_\_\_\_\_ Yr\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo\_\_\_\_\_ Yr\_\_\_\_\_

Mo\_\_\_\_\_ Yr\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo\_\_\_\_\_ Yr\_\_\_\_\_

Mo\_\_\_\_\_ Yr\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo\_\_\_\_\_ Yr\_\_\_\_\_

Mo\_\_\_\_\_ Yr\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo\_\_\_\_\_ Yr\_\_\_\_\_

Mo\_\_\_\_\_ Yr\_\_\_\_\_

\_\_\_\_\_  
City, State, Zip