

Cambridge YMCA Family Center

Application for Employment



We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any basis protected by federal, state or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

GENERAL APPLICANT INFORMATION (Please Print or Type)

Last Name	First Name	M.I.	Date of Application
Current Address			Home Telephone ()
City	State	Zip Code	Mobile Telephone ()
Previous Address	City	State	Zip Code

EMPLOYMENT PREFERENCES

Type of Position Desired:	Date Available:	Salary Desired: \$
Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Please indicate days and hours you are available to work: <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tue _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thu _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Sun _____		

ADDITIONAL INFORMATION

Are you currently authorized for employment in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you are hired, do you have reliable transportation to and from work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered NO to the question above, can you furnish a <i>required</i> work permit? _____	
Have you ever been employed with the YMCA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered YES to the question above, please provide location(s), date(s) of employment, and position(s) held: _____	
Have you ever been convicted of, pled guilty or no contest to, or had adjudication withheld for a criminal offense (misdemeanor or felony)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>A conviction will not automatically bar you from employment. The nature, severity, circumstances, and date of offense in relation to the position for which you are applying will be considered.</i>	
If YES , please provide date(s) and type(s) of offense(s), disposition, and other significant detail(s): _____ _____	

EDUCATION (An official record of your transcripts may be requested to satisfy attainment of position requirements)

INDICATE highest grade level completed:											Post-secondary education:				
1	2	3	4	5	6	7	8	9	10	11	Diploma/GED	AA / AS	BA / BS	MA / MS	PhD / Other
Name of High School:											City and State		Did You Graduate?		
													<input type="checkbox"/> YES <input type="checkbox"/> NO		
Community College Vocational, or Technical:											City and State		Diploma/Degree Earned:		
College/University:											City and State		Diploma/Degree Earned:		
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Keyboarding WPM (If Known) _____					Computer Skills: (Select all that apply) Microsoft Office: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Publisher <input type="checkbox"/> Other: _____										

Training and Certification (Training and certifications may be requested to satisfy attainment of position requirements)

Job-Related Training or Certification:	Issue Number:	Issuing Agency:	Date Issued:	Date Expires:
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EMPLOYMENT HISTORY (Begin with most recent employment)

Employer/Company Name:	Dates Employed: From: To:
Business Address:	Position(s) Held:
City, State, Zip Code:	Rate of Pay: Start: \$ Final: \$
Employer's Telephone:	Supervisor's Name and Title:
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT AT THIS TIME	

Employer/Company Name:	Dates Employed: From: To:
Business Address:	Position(s) Held:
City, State, Zip Code:	Rate of Pay: Start: \$ Final: \$
Employer's Telephone:	Supervisor's Name and Title:
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT AT THIS TIME	

EMPLOYMENT HISTORY (Continued)

Employer/Company Name:	Dates Employed: From: _____ To: _____
Business Address:	Position(s) Held:
City, State, Zip Code:	Rate of Pay: Start: \$ _____ Final: \$ _____
Employer's Telephone:	Supervisor's Name and Title:
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT AT THIS TIME	

PROFESSIONAL and PERSONAL REFERENCES

(List four (4) references that you have known at least three (3) years (you must include one (1) relative)

Reference Name:	Relationship:	Years Known:
Address: _____ City, State, Zip	Telephone: ()	Occupation:

Reference Name:	Relationship:	Years Known:
Address: _____ City, State, Zip	Telephone: ()	Occupation:

Reference Name:	Relationship:	Years Known:
Address: _____ City, State, Zip	Telephone: ()	Occupation:

Reference Name:	Relationship:	Years Known:
Address: _____ City, State, Zip	Telephone: ()	Occupation:

AUTHORIZATION and ACKNOWLEDGEMENT *(Please read thoroughly before initialing and signing)*

I authorize the Cambridge YMCA Family Center, its authorized employees, agents or representatives to communicate with the individuals, reporting agencies and other organizations I have or will provide on this application and on other forms I may complete and submit as part of the application and employment process (such as a supplemental application, resume, or references) for the purpose of obtaining information to arrive at an employment decision.

Initial _____

I authorize the individuals, reporting agencies and other organizations named on employment forms to provide the Cambridge YMCA Family Center with any relevant information that may be required to arrive at an employment decision, and hereby release such individuals, agencies and other organizations from any and all liability which they might otherwise incur as a result.

Initial _____

I understand that the submission of an employment application does not guarantee employment, and that nothing contained in this application or the interview process is intended to create a contract between the Cambridge YMCA Family Center and myself.

Initial _____

I understand that any offer of employment is contingent upon the successful completion and satisfactory results of a criminal history background investigation. I give my consent to this pre-employment screening device. I understand that if I refuse to participate or if I fail to comply with this pre-employment screening requirement, I will not be considered for employment.

Initial _____

I understand and agree that any offer of employment, and continued employment with the Cambridge YMCA Family Center, are contingent upon my ability to provide the appropriate document(s) necessary to verify my identity and legal authorization to work in the United States.

Initial _____

I understand that if I am hired, employment with the Cambridge YMCA Family Center is "at-will", meaning that either the YMCA or I may discontinue the employment relationship at any time, with or without cause, and with or without notice.

Initial _____

In the event of my employment, **I agree** to comply with the rules, regulations, and policies set forth by the Cambridge YMCA Family Center.

I hereby certify that the information I have provided on this employment application and on other forms I may complete and submit as part of the application and employment process (such as a supplemental application, resume, or references) is accurate and complete to the best of my knowledge. I understand that if I falsify, misrepresent, or intentionally omit information that I have or will provide as part of the application process - regardless of timing or circumstances of discovery - I may be denied employment, or if hired, dismissed from employment.

I hereby acknowledge that I have read the above statements in full and that I understand and agree to them:

Applicant's Signature _____
Applicant's Name Printed _____
Date _____

All information provided for pre-employment screenings will be kept confidential