



CENTRAL CONNECTICUT COAST YMCA
An Equal Opportunity Employer

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

Application for Employment
Please Print Except Where Signature Required

Date Received

Name _____ Social Security Number _____

Position _____ Start Date _____ Salary Requirements _____

Type of Employment Part-time Full-time Summer Availability (Days/Hours) _____

Present Address _____
 Street City State Zip Code How Long?

Previous Address _____
 Street City State Zip Code How Long?

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Have you applied for employment or worked for any YMCA in the past? Yes No

If Yes: When, what Association/Branch, Department(s) or Program, Supervisor? _____

Have you ever been enrolled in the YMCA Retirement Fund? If yes, identify the YMCA and when. Yes No

Are you legally authorized to be employed in the United States? Yes No
Per Federal Law, you will be required to verify your identity and your authorization or eligibility to be employed in the United States if you are offered employment.

Are you 18 years of age or older? (for compliance to applicable state and federal laws)
If you are offered employment, proof of minimum age will be required. Yes No

Were you ever in the US Armed Forces? Yes No
 If yes, please furnish branch, dates of duty and type of discharge. _____

Are you aware of any physical and/or mental impairments that could affect the performance of the duties of the position you are seeking?
 Yes Please explain _____ No

Do you possess a valid driver's license? Yes What state? _____ No

Do you have personal use of an automobile? Yes No

Education

Level	School with Address	Dates (Mo/Yr) From/To	Major Course of Study	Graduated Degree Earned	
High School				Yes	No
College				Yes	No
Grad. School				Yes	No
Trade, Business Correspondence				Yes	No

Employment History: List all work experience beginning with most recent and including any periods of self-employment.

1. **Company Name** _____ Employed From _____ To _____

Address _____

Street City State Zip Code Phone

Title _____ Type of Employment Part-time Full-time Temporary

Rate of Hourly Pay – Start _____ End _____ Annual Salary _____

Name and Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

2. **Company Name** _____ Employed From _____ To _____

Address _____

Street City State Zip Code Phone

Title _____ Type of Employment Part-time Full-time Temporary

Rate of Hourly Pay – Start _____ End _____ Annual Salary _____

Name and Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

3. **Company Name** _____ Employed From _____ To _____

Address _____

Street City State Zip Code Phone

Title _____ Type of Employment Part-time Full-time Temporary

Rate of Hourly Pay – Start _____ End _____ Annual Salary _____

Name and Title of Immediate Supervisor _____

Description of Duties _____

Reason for Leaving _____

If you do not have at least 5 years previous employment please explain _____

May we contact the employers listed above for references?

Yes

No

If yes, please sign the authorization which follows:

I hereby authorize _____, _____, & _____

Employer 1

Employer 2

Employer 3

to release information from my personnel file to the appropriate YMCA unit executive in connection with this application for employment.

Signature of Applicant _____ Date _____

Skills

Check computer proficiencies Microsoft Office Applications Access Internet Other _____

List any special skills you may have. _____

List any hobbies or special interests outside of business. _____

References

Include at least two direct supervisors or those who can comment on your work or volunteers performance. You may include one related personal reference as well as one unrelated personal reference.

1. Name _____ Phone _____

Company _____ Title _____

Relation to Applicant _____ Length of Time Known _____

2. Name _____ Phone _____

Company _____ Title _____

Relation to Applicant _____ Length of Time Known _____

3. Name _____ Phone _____

Company _____ Title _____

Relation to Applicant _____ Length of Time Known _____

4. Name _____ Phone _____

Company _____ Title _____

Relation to Applicant _____ Length of Time Known _____

*I understand that if I misrepresent or omit any facts in connection with my application for employment, my application will be subject to rejection by the **Central Connecticut Coast YMCA** and if I am hired, I will be subject to discharge from employment. In addition, if I am covered by a written agreement that prohibits my discharge without just cause, I understand and agree that such misrepresentations or omissions shall constitute just cause. _____ (please initial)*

*I further understand and agree that granting me an interview or scheduling or conducting any pre-employment tests or screens does not constitute a promise of employment or create a contract of employment. No promises or inducements to take employment have been made and no contracts regarding employment have been offered; and I understand and agree that no such promises, inducements or contracts are binding upon the **Central Connecticut Coast YMCA** unless made in writing and signed by the President/CEO. I further understand and agree that if I am employed by the **Central Connecticut Coast YMCA**, I will have the right to terminate my employment at any time for any reason; and that the **Central Connecticut Coast YMCA** will have a similar right, subject to the provisions of any written agreement signed by the appropriate branch executive of the **Central Connecticut Coast YMCA** which may be applicable to me.
_____ (please initial)*

Applicant's Signature _____ Date _____

12/8/2016