



HAMPSHIRE REGIONAL YMCA
 286 Prospect St., Northampton, MA 01060
 Phone: (413) 584-7086 On the Web: <http://www.hrymca.org>

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, ancestry, genetic information, military status, or any other basis protected by state, federal 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.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Date. ____/____/____	Home or Cell Tel No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	E-Mail Address:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO If Under 18, please list age ____ (You must provide us with a work permit.)		
If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many hours can you work weekly? _____	
	Employment desired <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full Time Or Part Time	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date/ Hrs. available to work	Date Available:														
1) _____	<table border="1"> <tr><td>Mon</td><td></td></tr> <tr><td>Tues</td><td></td></tr> <tr><td>Wed</td><td></td></tr> <tr><td>Thurs</td><td></td></tr> <tr><td>Fri</td><td></td></tr> <tr><td>Sat</td><td></td></tr> <tr><td>Sun</td><td></td></tr> </table>	Mon		Tues		Wed		Thurs		Fri		Sat		Sun		____/____/____
Mon																
Tues																
Wed																
Thurs																
Fri																
Sat																
Sun																
2) _____																
(If you are interested in applying for a position in Child Services, please fill out the next section.)																
Child Services Position(s) You Would Like to Apply For:																
School Age Child Care: <input type="checkbox"/> Site Assistant (must be at least 18) <input type="checkbox"/> Site Leader (must be at least 21)																
Child Watch: <input type="checkbox"/> Child Watch/ Amaze Place <input type="checkbox"/> Teen Lounge																
Availability to work School Age Child Care:		Availability to work Child Watch:														
	6:45 AM- 9 AM	2:45 PM- 6 PM														
Mon																
Tues																
Wed																
Thurs																
Fri																
	Mon (8:30 am-7pm)															
	Tue (8:30am-7pm)															
	Wed (8:30am-7pm)															
	Thu (8:30am-7pm)															
	Fri (8:30am-7pm)															
	Sat (8:30am-3:30pm)															
	Sun (9am-2pm)															

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate (Y/N)	Degree Earned	Subjects/ Total Hours
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned (Check one box only): <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate			Overall College Scholastic Average:		
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills (Microsoft Office, etc.)		<input type="checkbox"/> Skills operating special machinery:		
Certifications: <input type="checkbox"/> First Aid, Valid until ____/____/____ <input type="checkbox"/> CPR/AED, Valid until ____/____/____ <input type="checkbox"/> Other: _____					

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever applied at the HRYMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____	Have you ever been employed by HRYMCA or any YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, reason for leaving? _____
How were you referred to the Hampshire Regional YMCA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Employee Referral, (Name of YMCA Employee): _____ <input type="checkbox"/> Other (please specify): _____	

EMPLOYMENT DATA

Please list most recent employment first. You may include any verified work performed on a volunteer basis.		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Description of Job Duties		
PERSONNEL USE ONLY Spoke to _____ on _____, verified dates From _____ To _____. Rehire? Yes No N/A		

Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Description of Job Duties		
PERSONNEL USE ONLY Spoke to _____ on _____, verified dates From _____ To _____ .Rehire? Yes No N/A		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Description of Job Duties		
PERSONNEL USE ONLY Spoke to _____ on _____, verified dates From _____ To _____ .Rehire? Yes No N/A		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Description of Job Duties		
PERSONNEL USE ONLY Spoke to _____ on _____, verified dates From _____ To _____ .Rehire? Yes No N/A		

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

REFERENCE DATA

Include 2 professional references and 1 family member reference.	
Name/ Relationship with Applicant	Mailing Address/ E-mail Address/ Telephone Number

Use the space below to summarize any additional information needed to describe your full qualifications for the specific position you are applying for.

PRE-EMPLOYMENT CERTIFICATION

_____ (Initial) I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

_____ (Initial) I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration.

_____ (Initial) I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

_____ (Initial) If I am offered employment, I understand and agree that any employment is conditioned upon a satisfactory review of my CORI information. If employed by the YMCA I will abide by the Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

_____ (Initial) I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

_____ (Initial) If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application