

EMPLOYMENT DESIRED

Type of POSITION desired:	Date available:	Salary desired:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op		
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 YMCA of Middletown before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA of Middletown before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the YMCA of Middletown? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify) _____		
(Please identify source below if referred by Employee) Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. GED 2. High School 3. Associate 4. Bachelor 4. Master 5. 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.				
Please summarize special skills and qualifications acquired from employment or other experiences that may qualify you for the position.				
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, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:	

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:



YMCA of Middletown
EMPLOYMENT/VOLUNTEER APPLICATION

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
COMPANY NAME		Phone No. ()	Dates of Employment	
			From (Mo/Yr)	To (Mo/Yr)
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay	
			Start	Final
Supervisor (Name & Title)				
Description of Job Duties			Reason for Separation	
COMPANY NAME		Phone No. ()	Dates of Employment	
			From (Mo/Yr)	To (Mo/Yr)
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay	
			Start	Final
Supervisor (Name & Title)				
Description of Job Duties			Reason for Separation	
COMPANY NAME		Phone No. ()	Dates of Employment	
			From (Mo/Yr)	To (Mo/Yr)
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay	
			Start	Final
Supervisor (Name & Title)				
Description of Job Duties			Reason for Separation	
COMPANY NAME		Phone No. ()	Dates of Employment	
			From (Mo/Yr)	To (Mo/Yr)
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay	
			Start	Final
Supervisor (Name & Title)				
Description of Job Duties			Reason for Separation	

REFERENCE DATA

PERSONAL/PROFESSIONAL REFERENCES WE MAY CONTACT
(PLEASE PROVIDE AT LEAST 2 PROFESSIONAL AND 1 PERSONAL REFERNECE)

Name	Address	Phone ()

PRE-EMPLOYMENT CERTIFICATION

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. 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 employed by the YMCA I will abide by 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

If I am offered employment, I understand and agree that I may be required to undergo a physical examination and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

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 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.

Initial

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 or an attached resume or other written attachment is true and correct. I understand that any misrepresentation or omission will be grounds for discharge from employment whenever discovered.

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. I also understand that neither this Employment/Volunteer Application nor any other personnel forms constitute an employment contract.

Applicant Signature

Date of Application