



YMCA in Greenfield

APPLICATION FOR EMPLOYMENT

Paid Position () Yes () No

Hourly Wage Expected \$ _____

Date _____ Position Applying For _____

Applicant for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age, and disability, military or veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability. **PLEASE COMPLETE ALL SECTIONS, EVEN IF FURNISHING A RESUME.**

PERSONAL

Last Name _____ First Name _____ Middle _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Are you over the age of 18? () Yes () No If not, please attach work permit (& doctor's certificate if required)

If hired, can you provide proof of your legal right to work in the United States? () Yes () No

Have you worked for a YMCA previously? () Yes () No If yes, when? _____

In case of emergency, contact _____

Relationship _____ Home Phone _____

Address _____ Work Phone _____

Can you meet all of the requirements described in the job description with or without reasonable accommodation? () Yes () No

(Proof of authorization to work and of your identity will be required upon employment)

RECORD OF EDUCATION

| School | Name & Address of School | Course of Study | Check Last Year Completed | Did You Graduate? | List Diploma or Degree |
|-------------|--------------------------|-----------------|---------------------------|-------------------|------------------------|
| High School | _____ | | 1 _____ | () Yes | |
| | _____ | | 2 _____ | | |
| | _____ | | 3 _____ | () No | |
| | _____ | | 4 _____ | | |
| College | _____ | | 1 _____ | () Yes | |
| | _____ | | 2 _____ | | |
| | _____ | | 3 _____ | () No | |
| | _____ | | 4 _____ | | |

EMPLOYMENT HISTORY

LIST BELOW ALL PAST AND PRESENT EMPLOYMENT, BEGINNING WITH MOST RECENT.

| | | | | |
|----------|--------------------|--------------------|-------|------------------|
| 1 | Employer | Dates | | WORKED PERFORMED |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Supervisor | | | |
| | Reason for leaving | | | |

| | | | | |
|----------|--------------------|--------------------|-------|------------------|
| 2 | Employer | Dates | | WORKED PERFORMED |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Supervisor | | | |
| | Reason for leaving | | | |

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|----------|--------------------|--------------------|-------|------------------|
| 3 | Employer | Dates | | WORKED PERFORMED |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Supervisor | | | |
| | Reason for leaving | | | |

TO BE COMPLETED BY THOSE APPLYING FOR CHILD CARE OR PHYSICAL EDUCATION POSITIONS.

(Please write expiration date of current certificates; you must submit originals upon hire.)

First Aid Yes No Type _____ Exp. Date _____

CPR Yes No Exp. Date _____ WSI Yes No Exp. Date _____

Advanced Life Saving Yes No Exp. Date _____ YMCA Lifesaving Yes No Date _____

Other YMCA Certification? (specify) _____ Date _____

Number of Child Development Units _____ Number of Administration Units _____

FOR JOBS REQUIRING DRIVING ONLY

Do you have a valid driver's license in this state? Yes No # _____

Do you have a valid Class II license in this state? Yes No Exp. Date _____

Do you possess a youth bus or school bus driver's certificate? Yes No

Are you over 21? Yes No

VALUES FORM

Our goal at this YMCA is to provide the best programs and service possible, That means more than just providing an activity or service. We believe character development is an important aspect of what we do. YMCA character development is a challenge for all of us — staff, volunteers, members, participants, and parents — to accept and demonstrate positive values. These values are **caring, honesty, respect, and responsibility**. While none of us are perfect, we can all strive to improve. We think good character makes a better staff member, family member, YMCA member, program leader and community leader.

If you become a YMCA employee, you will be expected to accept and demonstrate the values of caring, honesty, respect and responsibility on and off the job.

Please give an example of a time in your life when you demonstrated each of the following values:

Caring (putting others before yourself)

Honesty

Respect

Responsibility

Why do you want to work at our YMCA?

Name (please print)

Signature

Date

STATEMENT OF APPLICANT

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

In the event of my employment by the YMCA in Greenfield, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. 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 employment is contingent upon a clean criminal history background check.

I understand that it is this agency's right to secure conviction criminal information* as part of the pre-employment screening process. I understand that the YMCA in Greenfield does not condone child abusers and that the YMCA in Greenfield will be seeking information in my background related to child abuse.

*NOTE: All YMCA employees will have a criminal records check (CORI) and a sexual records check (SORI).

I certify that all statements made by me on this application form 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 in Greenfield.

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 the YMCA strongly recommends that YMCA staff members never place themselves in a position that requires fraternizing alone, inside or outside of the YMCA with children from Y programs or Y memberships (for example, inviting children to your home, going out for pizza/movie, providing childcare, providing transportation to or from YMCA programs, etc.).

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 without liability or obligation, except for my regular pay through the date of termination.

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

Name (print clearly)

Signature

Date

FOR INTERVIEWER'S USE ONLY

REFERENCE CHECK

| Name of reference check | Date | Results of reference check |
|-------------------------|------|----------------------------|
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INTERVIEW COMMENTS

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Employed? () Yes () No

Position

Interviewed By

TELEPHONE REFERENCE

Hello, I am _____ with the YMCA in Greenfield. _____ has given us your name as a reference to verify his/her character and ability to work in the YMCA. This call will be kept confidential and used only to determine _____'s ability to work in the area that he/she requested.

_____ will be working in _____ department as a _____.

He/she will be working with _____. If you have time, I would like to ask you a few questions to help us determine their potential success with this program.

Applicant's Name

Staff making call

Signature

Date

| | Reference #1 (preferably a relative) | Reference #2 (non-relative) | Reference #3 (non-relative) |
|---|---|--------------------------------|--------------------------------|
| Phone Number | | | |
| Reference's Name | | | |
| Date | | | |
| How long have you known _____? | | | |
| In what capacity? | | | |
| Have you observed him/her working with _____? | | | |
| What type of environment did you observe? | | | |
| The applicant will be working directly with children. Do you see this as an appropriate position for _____? | | | |
| Any other info you'd like to share that will help us assess capabilities? | | | |
| Is he/she eligible for rehire? | | | |

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|----------|
| Comments |
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