



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

## **Family YMCA of the Glens Falls Area 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, 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.

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

### **PERSONAL INFORMATION**

NAME: Please PRINT or TYPE	Home Telephone No.	Business No. + Ext.
ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at present address:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Email Address	Cell Phone	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

## EMPLOYMENT DESIRED

POSITION desired:	Date Available	Salary desired
Please indicate the location in which you are interested in employment:		
<input type="checkbox"/> Glens Falls Family YMCA 600 Glen Street Glens Falls, NY 12801	<input type="checkbox"/> Moreau Family YMCA 1433 State Route 9 Fort Edward, NY 12831	
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 Family YMCA of the Glens Falls Area before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when?	Have you ever been employed by the Family YMCA of the Glens Falls Area before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when? Have you ever been Employed by any other YMCA? If so please provide the name: Were you a participant in the YMCA Retirement Fund? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How were you referred to the Family YMCA of the Glens Falls Area? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please identify source below) (Please specify below)		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From                      To	Did you Graduate (Yes/No)	Degree Earned	Major Subject
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School    2. Associate    3. Bachelor    4. Master    5. Doctorate				Overall College GPA
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	<input type="checkbox"/> 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:

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY	
<b>Company Name</b>		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					
<b>Company Name</b>		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					
<b>Company Name</b>		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					

## REFERENCE DATA

### 4 PROFESSIONAL REFERENCES & 1 RELATIVE WE MAY CONTACT

	NAME	ADDRESS	PHONE NUMBER
1. Professional			
2. Professional			
3. Professional			
4. Professional			
1. Relative			

**If additional room is needed please attach to this form to become a part of it.**

## PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Family YMCA of the Glens Falls Area is not obligated to retain or consider this application for future openings.

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 Family YMCA of the Glens Falls Area 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.

If employed by the Family YMCA of the Glens Falls Area 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.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Family YMCA of the Glens Falls Area's expense 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.

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Family YMCA of the Glens Falls Area. 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 Family YMCA of the Glens Falls Area storage areas provided for me (locker, desk, etc.) are open to investigation by the Family YMCA of the Glens Falls Area without prior notice to me.

If I am employed by the Family YMCA of the Glens Falls Area I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Family YMCA of the Glens Falls Area or myself. I understand that, other than the CEO of the Family YMCA of the Glens Falls Area, no manager, supervisor or representative of the Family YMCA of the Glens Falls Area 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 Family YMCA of the Glens Falls Area 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 Family YMCA of the Glens Falls Area.

**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 Family YMCA of the Glens Falls Area concerning the nature of my employment, if any, by the Family YMCA of the Glens Falls Area and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Family YMCA of the Glens Falls Area. I understand and agree that, except as noted above, no person who is either an agent or employee of the Family YMCA of the Glens Falls Area may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

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Applicant Signature

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Date of Application