



**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, creed, national origin, sex (including pregnancy, gender identity or expression, and sexual orientation), age, disability, marital status, familial status, military status, domestic violence victim status, most conviction records, predisposing genetic characteristics, 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 Phone Number	Cell Phone Number
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		
Can you, if hired, submit verification of your legal right to work in the United States? YES NO		
If hired, do you have a reliable means of transportation to get to work? YES NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? YES NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Please refer to the job posting for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? YES 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	
Please indicate with an X next to the location in which you are interested in employment:		
Glens Falls Family YMCA 600 Glen Street Glens Falls, NY 12801	Adirondack Outreach Center or Adirondack Regional Wellness Center Chestertown, NY	
Are you presently employed? YES NO If yes, may we contact your present employer? YES NO		
Have you ever applied at the Family YMCA of the Glens Falls Area before? YES NO If yes, when?	Have you ever been employed by the Family YMCA, or the Adirondack Outreach Center before? YES NO If yes, when? Have you ever been employed by any other YMCA? YES NO If yes, when? If so please provide the name:	
How were you referred to the YMCA? Advertisement Employee Referral Walk-In Agency Other (Please identify source below)		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	# of Years Attended	Did you Graduate (Yes/No)	Degree Earned	Major Subject
High School				
College/University				
College/University				
Highest Degree Earned				
(X next to one): High School Associate Bachelor Master Doctorate				
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 posting, please describe your foreign language skills below.				
Professional Certifications and Licenses held:				

U.S. MILITARY SERVICE DATA

Branch:
What was your military occupational specialty?

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		
Job Title		
Supervisor (Name & Title)		
Description of Job Duties		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		
Job Title		
Supervisor (Name & Title)		
Description of Job Duties		
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		
Job Title		
Supervisor (Name & Title)		
Description of Job Duties		

REFERENCE DATA

4 PROFESSIONAL REFERENCES & 1 RELATIVE WE MAY CONTACT

	NAME	ADDRESS NUMBER	PHONE
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 director, 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.

Applicant Signature

Date of Application