

OFFICE USE ONLY

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Naugatuck YMCA

APPLICATION FOR EMPLOYMENT

The Naugatuck YMCA encourages the participation of all people and agrees and warrants that we do not discriminate or permit discrimination against any person or group of persons regardless of race, color, religious creed, age, marital status, familial status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability, learning disability, lawful source of income, or physical disability, including, but not limited to, blindness or deafness. The Naugatuck YMCA further agrees and warrants that we are in compliance with all laws and regulations of the United States and the State of Connecticut regarding equal employment opportunity and public accommodations with respect to our programs, clients, officers, employees, and volunteers.

It is the goal of the Naugatuck YMCA to provide a safe environment to all members and participants. In accordance with the Naugatuck YMCA's Child Abuse Prevention Policy, I agree to allow the Naugatuck YMCA to run a criminal history and sex offender registry check on myself and understand that the results of this check *may* result in my inability to become an employee of the Naugatuck YMCA.

Initial Here _____

THE NAUGATUCK YMCA HAS A ZERO TOLERANCE POLICY REGARDING CHILD ABUSE.

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	Cell
EMAIL:		
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
Can you, if hired, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18?	If hired, do you have a reliable means of transportation to get to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

If you are presently employed may we contact your employer? Yes † No ‡

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

REFERENCE DATA

**2 PROFESSIONAL/WORK REFERENCES WE MAY CONTACT
1 FAMILY MEMBER OTHER THAN PARENT OR CHILD**

Name	Area Code	Phone	Relationship to Applicant	Length of Relationship

Please include dates for all that apply.

Certification	Date Certified	Expiration Date	Certification	Date Certified	Expiration Date
Adult CPR			WSI		
Child CPR			CDL		
Infant CPR			Group Exercise		
First Aid Basics			Ropes		
CT Childcare First Aid			Personal Trainer		
CPR for the Professional Rescuer			Other (List)		
Adult AED			Other (List)		
EMT			Other (List)		

Activities you have experience with: (please star (*) any that you are able to teach)

Examples include: crafts, music, nature studies, sports, recreation, swimming, boating, dramatics, teambuilding, computers, aerobics, dance, fitness, etc..

Activity Name	Teach? (*)	General Description of Activity

CERTIFICATIONS

I understand that this application is only valid for the position applied.

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

I agree to allow the Naugatuck YMCA to run a criminal history and sex offender registry check on myself and understand that the results of this check may result in my termination.

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 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.

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 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