



**YMCA**

**We build strong kids,  
strong families, strong communities.**

**Meadowlands Area YMCA  
P.O. Box 252, Rutherford, NJ 07070  
(201) 955-5300 Fax (201) 955-2055**

## Employment Application

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Date of Birth (if under 18) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_ -- \_\_\_\_  
(M/D/Y)

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

When are you available? Start Date \_\_\_\_\_ Days & Times \_\_\_\_\_

### Educational Background

Education	Name & Address of School	Course of Study	No. of Years/ Credits Completed	No. of Years Attended	Diploma/ Degree
Elementary					
High School					
Undergraduate					
Graduate					
Other (specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

\_\_\_\_\_

Certifications: \_\_\_\_\_

\_\_\_\_\_



## **Employment Experience**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:	Dates Employed:	Work Performed: _____ _____ _____ _____ _____
	From:                      To:	
Employer's Address:		
Employer's Telephone Number(s):	Hourly Rate:	
	Start:                      Final:	
Job Title:	Supervisor's Name:	
Reason for Leaving:		

Employer:	Dates Employed:	Work Performed: _____ _____ _____ _____ _____
	From:                      To:	
Employer's Address:		
Employer's Telephone Number(s):	Hourly Rate:	
	Start:                      Final:	
Job Title:	Supervisor's Name:	
Reason for Leaving:		

Employer:	Dates Employed:	Work Performed: _____ _____ _____ _____ _____
	From:                      To:	
Employer's Address:		
Employer's Telephone Number(s):	Hourly Rate:	
	Start:                      Final:	
Job Title:	Supervisor's Name:	
Reason for Leaving:		

\* If you need additional space, continue on a separate sheet of paper.

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or Immigration status will be required upon employment.) Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Why are you interested in this position and what can you offer it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your work experience in this type of work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What work have you done with people in a social, recreational or educational setting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other skills or talents that you have taught or would like to teach? \_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional References:**

Please do not include people who are related to you.

1. \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's relationship to you: \_\_\_\_\_

2. \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's relationship to you: \_\_\_\_\_

3. \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's relationship to you: \_\_\_\_\_

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

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(Signature of Applicant)

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/ /  
(Date)

**RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK**

I consent to have a consumer report made as to my credit history, employment history, educational experience and related qualifications, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment and/or volunteer purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize Meadowlands Area YMCA to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify the Meadowlands Area YMCA and the agencies that provide the background report, their affiliates, employees, directors, officers, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

I further understand that the \$10.00 fee to perform these background checks is payable by me, in the form of cash or check (payable to Meadowlands YMCA).

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**IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES\_\_ NO\_\_**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Social Security No. \_\_\_\_\_ \*

Birthdate: \_\_\_\_\_ \*

Drivers License No. \_\_\_\_\_ State Issued: \_\_\_\_\_

(Photocopy of Driver's License must be included.)

\*Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

\_\_\_\_\_ signature

\_\_\_\_\_ date

