



Princeton Family YMCA

**APPLICATION FOR EMPLOYMENT**

(Please Print)

Position Applied For: _____		Date of Application ___/___/___	
Name _____			
Last	First	MI	Social Security #
Address _____			
Street	City	State	Zip
Daytime Telephone # (____) _____		Evening Phone # (____) _____	
Emergency Contact _____		Relation _____	Phone (____) _____
Cell Phone # (____) _____		E-mail address _____	

If necessary, what is the best time to call you at home? \_\_\_\_\_ AM PM

May we contact you at work? \_\_\_\_\_ Yes No

If yes, work number and best time to call \_\_\_(\_\_\_\_)\_\_\_\_\_ AM PM

Have you ever applied with us before? \_\_\_\_\_ Yes No

If yes, when? \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes No

If yes, when and what position? \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes No  
(Proof must be provided: Visa, green card, Social Security, and driver's license.)

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \$\_\_\_\_\_

Type of employment desired: Full-Time Part-Time Seasonal

**Have you ever been convicted of a crime (other than a traffic violation)?** \_\_\_\_ Yes No

**If yes, please explain** \_\_\_\_\_

(Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.)

# Employment History

Provide the following information of your past and current employers, assignments or volunteer activities. Begin with the current or last job. Explain any gaps in employment in the comments section below.

1.	_____ Employer	_____ Dates: From	_____ To
	_____ Address: Street	_____ City	_____ State
	May the YMCA contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone: _____		
	Hourly Rate/Salary \$ _____ Start/Final _____	_____ Supervisor's Name	
	Job Title: _____	Duties: _____	
	_____ Reason for leaving		
2.	_____ Employer	_____ Dates: From	_____ To
	_____ Address: Street	_____ City	_____ State
	May the YMCA contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone: _____		
	Hourly Rate/Salary \$ _____ Start/Final _____	_____ Supervisor's Name	
	Job Title: _____	Duties: _____	
	_____ Reason for leaving		
3.	_____ Employer	_____ Dates: From	_____ To
	_____ Address: Street	_____ City	_____ State
	May the YMCA contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone: _____		
	Hourly Rate/Salary \$ _____ Start/Final _____	_____ Supervisor's Name	
	Job Title: _____	Duties: _____	
	_____ Reason for leaving		
4.	_____ Employer	_____ Dates: From	_____ To
	_____ Address: Street	_____ City	_____ State
	May the YMCA contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone: _____		
	Hourly Rate/Salary \$ _____ Start/Final _____	_____ Supervisor's Name	
	Job Title: _____	Duties: _____	
	_____ Reason for leaving		

Comments; (including explanation of any gaps in employment)

---

---

---

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

---

---

---

**Educational Background**

School	# of Years Completed	Diploma/Degree	GPA	Major
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Trade/Professional School	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Specialized Training, Apprenticeship, Extracurricular Activities: _____				
_____				

Foreign Languages	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

## References

List names and telephone numbers of three business/work reference who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you. (Providing this information means that you give this organization permission to contact the references listed.)

Name	Relationship	Phone	# Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Additional Information

List professional, trade, business or civic associations and any offices held. (You may exclude organizations that indicate race, color, age, sex, religion, national origin, disability, or other protected status.)

---

---

## Applicant's Acknowledgment

(This application shall be considered active for no more than 30 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless the employer and employee execute a specific document in writing.)

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if I am employed, I am required to abide by all rules and regulations of the employer.

The employment relationship with the Family YMCA is "at will." This means that employment may be terminated at the will of either party, with or without cause, and without the requirement of prior notice.

I understand that all employees and volunteers will be subjected to a Criminal Background Check.

I certify that I have read, fully understand and accept all terms of the Applicant Statement.

---

Signature of Applicant

---

Date