



FROST VALLEY YMCA Employment Application www.frostvalley.org

2000 Frost Valley Road
Claryville, NY 12725
Ph: (845) 985-2291 Fax: (845) 985-0056

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Frost Valley YMCA considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse. Criminal background check and other federal or state screenings for child abuse will be conducted.

GENERAL INFORMATION

Today's Date _____

Name _____

Cell Phone _____

Address _____

Home phone _____

City _____ State _____ Zip _____ Email _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

Are you a U.S. citizen? Yes No If not, do you have proof that you are eligible to work in the U.S.? _____

Under 18 years of age

Have you ever been employed by a YMCA before? Yes No

If yes, dates? _____ If yes, where? _____

Position(s) _____

What position are you applying for? _____

PERSONAL REFERENCES

Please list three references, including a close family member, who have known you for at least one year.

Work reference Family reference (Relationship _____) Other Years known _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home or Email Address _____

Work reference Family reference (Relationship _____) Other Years known _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home or Email Address _____

Work reference Family reference (Relationship _____) Other Years known _____

Name _____ Occupation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home or Email Address _____

EMPLOYMENT HISTORY

Starting with the present or most recent, list all previous employers, including self-employment, summer, and part time jobs.

Company Name _____ Employed from _____ to _____
 Street Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor's Name & Title _____
 May we contact them as a reference? Yes No Not at this time Rate of Pay _____
 Job Title & Duties _____
 Reason for Leaving _____

Company Name _____ Employed from _____ to _____
 Street Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor's Name & Title _____
 May we contact them as a reference? Yes No Not at this time Rate of Pay _____
 Job Title & Duties _____
 Reason for Leaving _____

Company Name _____ Employed from _____ to _____
 Street Address _____ City _____ State _____ Zip _____
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 May we contact them as a reference? Yes No Not at this time Rate of Pay _____
 Job Title & Duties _____
 Reason for Leaving _____

Company Name _____ Employed from _____ to _____
 Street Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor's Name & Title _____
 May we contact them as a reference? Yes No Not at this time Rate of Pay _____
 Job Title & Duties _____
 Reason for Leaving _____

Do you have any pending charges or have you ever pled guilty or been convicted of a crime, such as a felony (not misdemeanor), disorderly persons offense, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court or Juvenile Court.

No Yes , Detail _____

Answering yes to these questions does not constitute an automatic bar to employment but will be considered in relation to the position sought.

VOLUNTEER EXPERIENCE

You may exclude anything that may indicate race, color, religion, gender, national origin, age, handicap or status as a veteran.

Organization Name _____ Volunteer from _____ to _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor’s Name & Title _____
Summary of Work Performed _____

EDUCATION AND TRAINING

Education	Name & Location of School	Degree Area or Relevant Course Work	Diploma/Degree Received
High School			
College/University			
College/University			
Other Training or Education			

CERTIFICATIONS (Copies will be required upon hire)

First Aid (Expiration Date _____) CPR (Expiration Date _____) CDL (Expiration Date _____)
Lifeguard (Type & Expiration Date _____)
Fitness Certifications (Type(s) & Expiration Date(s) _____)

Can you prove eligibility to work in any position? Yes No

Why are you applying to work at the YMCA? _____

What are your qualifications for the position you are applying for? _____

What are your interests and hobbies? _____

EMERGENCY CONTACT

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA’s service, whenever it is discovered.

Initial _____

I expressly authorize, without reservation, the YMCA, it’s representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, it’s agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial _____

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a National Sex Offender Registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial _____

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran’s status, religious creed, national origin, gender, ancestry, disability, or genetic information; or on the basis of a handicap not limiting the applicant’s ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial _____

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. Employment with the YMCA is employment at will which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause.

Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, and **I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.** *Do not sign until you have read and initialed the above statements.*

Signature of Applicant (electronic signatures are accepted)

Date

Signature of Parent/Guardian if applicant is under 18 years of age

Date

Parent/Guardian’s Name (Please print) _____

FOR YMCA USE ONLY:

Date Received: _____ Date Contacted: _____

Referred to: _____ Date: _____

Referred to: _____ Date: _____

Notes/Comments: _____

EEO: EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees must invite applicants to self-identify gender, and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

NAME: _____

JOB TITLE: _____

GENDER: (please check one of the options) Male Female

RACE/ETHNICITY:

(please check one of the descriptions below corresponding to the ethnic group with which you identify)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

DATE COMPLETED: _____

PLEASE RETURN FORM TO HUMAN RESOURCES DEPARTMENT.

Thank you for your participation.

FROST VALLEY YMCA

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **Frost Valley YMCA** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employees, neighbors, friends or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before Frost Valley can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **Frost Valley YMCA** to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize **Frost Valley YMCA** to obtain any such reports and to share the information received with any person involved in the employment decision about me.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

EMPLOYEES: I do do not authorize you to contact my current employer for Employment and Reference Verifications.

VOLUNTEERS: I do do not authorize you to run a complete criminal background check.

VISITORS: I do do not authorize you to run a complete criminal background check.

RESEARCHERS/VENDORS: I do do not authorize you to run a complete criminal background check.

Organization Affiliation: _____

**Please
choose
one**

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of **Frost Valley YMCA**.

Application Signature

Date

HR: 08/2014

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

City

State

Zip Code

Dates Lived Here

Addresses for the Past Seven Years: include street, city, state, zip code	Dates of Residence

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

Office Use Only:

Date received: _____ Date processed: _____ Organization Affiliation: _____

Responsible Staff Member: _____ Processed by: _____