

Prospective employees will receive Consideration without regard to race, Creed, color, sex, age, national origin, Veteran status, disability or any other Reason prohibited by law.



"Enriching all people in spirit, mind and body..."

NEW CANAAN YMCA EMPLOYMENT APPLICATION (APPLICANT MUST BE 16 YEARS OF AGE)

Date: _____

Legal Name: _____
Last First Middle Maiden

If you were previously known by another name please indicate: _____

Street Address* _____ Home Telephone _____

City, State, Zip _____ Business Telephone _____

E-mail Address: _____ Social Security # _____

**Please use space at end of application to provide additional addresses if you have not lived at this address for the past seven years.*

Have you ever applied for employment with us before? _____ No _____ Yes When? (month/year) _____

Position(s) of interest: _____

How Were You Referred To Our Organization?

If hired, can you provide written evidence that you are authorized to work in the U.S.? _____ Yes _____ No

When will you be available to begin work? _____

Have you ever been convicted of a crime (felony or misdemeanor). _____ Yes _____ No

If "Yes", describe in full:

Convictions are not an absolute bar to employment, but will be considered in relation to the position sought.

Please explain your reasons for wanting to work for New Canaan YMCA: _____

EDUCATION

Type	Name/ Location	Course of Study	# Years Completed	Degree/ Diploma
Elementary & Jr. High				
High School				
College				
Business/Trade Technical				

Current Certifications: _____

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Are you over 18 years of age? ____ Yes ____ No If not, employment is subject to verification of age. If you are under 18 years of age, please complete the following: In case of emergency, notify:

Parent's Name(s) _____ Phone #: Day _____ Evening _____

EMPLOYMENT RECORD

Start with your present or most recent employer. *Employers may be contacted for references.

Company Name And Address	Job Title/ Description	Date Started/Left	Rate of Pay	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

*DO NOT CONTACT: Employer Number(s) _____ Reason _____

Do you have any relatives who are employed by this YMCA? ____ Yes ____ No

REFERENCES

List 3 Business and 2 Personal (Do not include relatives.)

Name	Occupation/ Relationship	# Years Known	Address & Telephone
1.			
2.			
3.			
4.			
5.			

*ADDITIONAL ADDRESSES: (Please include all former addresses covering the past 7 years.) _____

The information provided in this Employment Application is true, correct, and complete. I understand that any misstatement or omission of fact on this application may result in my dismissal or refusal of employment. I understand that the YMCA follows an "employment at will" policy, which means that employees can be terminated with or without cause and with or without notice at any time at the option of either New Canaan YMCA or the employee. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. If employed, I agree to uphold the values and mission of the New Canaan YMCA.

Signature _____ Date _____