



# YMCA of Burlington County

## Mt. Laurel Branch

59 Centerton Road . Mount Laurel, NJ 08054 . (856) 234-6200

## Riverfront Branch

302 Commerce Square Blvd, Burlington, NJ 08016 . (609) 543-6200

# Application for Employment

(PLEASE PRINT)

<b>Position(s) Applied for</b>	<b>Branch Preferred</b>	<b>Date of Application</b>
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Y Brochure or Program
		<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Email Address

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

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed:  Yes  No

May be contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required*

On what date would you be available for work? \_\_\_\_\_

Are you available for work:  Full Time  Part Time  Temporary From \_\_\_\_\_ To \_\_\_\_\_

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

Can you travel if a job requires it?  Yes  No

Have you been convicted of, plead guilty or no contest to, any crime or felony?  Yes  No

*Conviction will not necessarily disqualify an applicant. If you accept a position with the YMCA, you must immediately disclose any conviction, plea of guilty or no contest to the Human Resources Department.*

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**The YMCA of Burlington County ("YMCA") considers applicants for all positions without regard to race, color, religion, creed, marital or domestic partner status, civil union, gender, gender identity or expression, sexual or affectional preference, national origin, ancestry, age, physical or mental disability, citizenship, veteran status, genetic information, atypical hereditary or cellular blood trait, or other trait or classification in violation of federal or state discrimination laws ("protected class"). Further, the YMCA does not discriminate based upon association with a person who is a member of a protected class.**

# Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Years Completed ( <i>please circle</i> )	9    10    11    12	1    2    3    4	1    2    3    4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors			
State any additional information you feel may be helpful to us in considering your application.			

Indicate any foreign languages you can speak, read and/or write (optional)			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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# References

Give name, address and telephone number of three references who are not related to you:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever had any job-related training in the United States Military?  Yes  No

If yes, please describe \_\_\_\_\_

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# Employment Experience

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

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

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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PLEASE READ THE STATEMENTS BELOW CAREFULLY. **UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE YMCA.** YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND AND AGREE WITH THE FOLLOWING:

I give the YMCA the right to make a thorough investigation of any of the information I have provided and to perform reference checks. These investigations may involve contact with my family, current and former employers, business associates, employees and neighbors as well as others with whom I am acquainted and public authorities. My signature below authorizes the YMCA to obtain complete information concerning my employment, academic transcripts, service records, other information provided by me or desired by the YMCA. The information requested may include inquiries regarding my work habits, other related activities, abilities, character, the cause of my separation(s) from employment or volunteer positions and inquiries concerning any conviction(s) or felonious act(s). This authorization shall include but not be limited to the release of any criminal history record information maintained by the New Jersey State Police State Bureau of Identification for the purposes of determining my qualifications for employment, volunteer work or other performance of services.

If I accept a position with the YMCA, as an employee, I understand that I must reimburse the YMCA for the costs of any background checks.

I release each of the references listed by me, any other individuals or entities and the YMCA from any liability for damages which might result from the furnishing, requesting, verifying, checking, obtaining or using any of the foregoing types of information, documents, attachments or other submissions. I understand that I must execute this application and any other requested releases related to the above information in order to be considered for any position with the YMCA.

I understand that the YMCA strictly prohibits the disclosure of any personal information concerning its employees, or individuals who make use of its facilities and I agree to will immediately advise the Human Resources Department of all such inquiries and direct the inquirer to the Human Resources Department.

I understand and agree that in the event I perform any type of services for the YMCA as either an employee I will comply with the policies, rules, regulations and procedures of the YMCA.

I understand that any employment or volunteer status with the YMCA is "at will," which means the relationship can be terminated by the YMCA or myself at any time, for any reason, with or without cause, and with or without prior notice.

The YMCA retains the right to terminate any employee or reject any application if at any time the YMCA learns that the information provided within your application or during any interview is false or misleading.

I certify that the information provided on this application and any attachments or additional submissions is true complete and accurate under penalty of law.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE