



# Darren YMCA Employment Application

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position(s) You are Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Last First Middle

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

Street City State Zip

Preferred Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?..... Yes  No

If No, please explain \_\_\_\_\_

Have you ever been employed here before? ..... Yes  No

If yes, give dates and position(s) \_\_\_\_\_

Have you previously applied for employment for any YMCA? ..... Yes  No

Have you ever worked any YMCA? Yes  No  If yes, when? \_\_\_\_\_ YMCA Location \_\_\_\_\_

Are you legally eligible for employment in the United States? ..... Yes  No

Date Available for Work: \_\_\_\_\_ Type of Employment Desired: FT  PT  Temp/Seasonal

Desired Salary Range: \$ \_\_\_\_\_

Are you able to meet the attendance requirements of this position?..... Yes  No

How were you referred to the Darren YMCA?

Employee  Advertisement/Job Board  School  Drop In  Y Website  Other

Name of referral source indicated above \_\_\_\_\_

## Employment History

Starting with your most recent employer, assignments, or volunteer activities, provide the following information

From/To		Employer		
Address		City/State	Zip	Phone
Starting/Final Job Title		Immediate Supervisor		May we contact for reference?
Job Responsibilities				
Reason for Leaving				
From/To		Employer		
Address		City/State	Zip	Phone
Starting/Final Job Title		Immediate Supervisor		May we contact for reference?
Job Responsibilities				
Reason for Leaving				

<b>From/To</b>		<b>Employer</b>		
Address		City/State	Zip	Phone
Starting/Final Job Title			Immediate Supervisor	May we contact for reference?
Job Responsibilities				
Reason for Leaving				

### **Educational Background**

School & Location	Course of Study/Major	Years Completed	Degree/Diploma

### **References**

Name	Title	Relationship to Candidate	Phone/Email	Years Known

### **Military Service**

Branch of Service	Dates of Service	Type of Discharge
Rank & Type of Service		
Training/Experience Received		

Please list any additional information that relates to your ability to perform the job for which you have applied – such as licenses, professional memberships, specialized training, or include resume with application submission.

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## **Applicant's Statement**

I certify that all information I have provided to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its 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 all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law. I understand that as part of the application process for employment, inquiries will be made concerning my prior employment, character, criminal history convictions, and my background related to child abuse. I fully consent to and authorize all such inquires. I will provide the requested information for the sole purpose of obtaining such information.

I waive any right to claim any request or investigation is an invasion of my privacy, since it is made with my consent, and it is in my interest that I am considered for employment. I also release the YMCA from any liability regarding sharing with third parties any child abuse information gathered in the background check or observed during employment with the YMCA.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired by the Darien YMCA, I will comply with all regulations set forth in the employee handbook and all other current or forthcoming policies established by the organization. I also understand that if hired, I am prohibited from fraternizing with YMCA youth members or participants outside of the YMCA programs, including, but not limited to babysitting or inviting children to my home. I understand the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the state and law enforcement for investigation.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves that same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by state or federal law. This application is not an agreement or contract for employment. I understand that no supervisor or representative of the employer is authorized to make any assurances, implied, oral, or written to the contrary and that all such statements are invalid unless written and signed by the employer's Board of Directors.

**I also understand that if I am hired, I will be required to provide proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.**

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 cancel further consideration of my application or immediately discharge me from employment whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand, and accept all the terms of the Applicant Statement. I also certify that all information that I have supplied is true and that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

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

*Please print, sign, and return.*

Darien YMCA  
2420 Post Road  
Darien, CT. 06820