



Ocean Community YMCA Employment Application

(Please read before completing this application)

The Ocean Community YMCA is an equal opportunity employer. The Ocean Community YMCA does not discriminate in recruitment, hiring or terms or conditions of employment on the basis of race, color, religion, national origin, ancestry, genetic information, sex, sexual orientation, gender identity, gender expression, marital status, disability, age, veteran status, or any other individual characteristic protected by applicable local, state, or federal employment laws. No question on this application is intended to secure information to be used in a discriminatory manner or for an improper purpose. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed.

The Rhode Island-based branches of the Ocean Community YMCA are subject to R.I. Title 28, Chapters 29-38 of the Rhode Island General Laws, which governs Workers' Compensation. The Connecticut-based branch of the Ocean Community YMCA is subject to all applicable Connecticut Workers' Compensation laws.

(Please answer all questions completely)

Personal Data

Name _____ Date _____
Last First Middle
Address _____ Telephone(H) _____
Street City State Zip Telephone(D) _____

Are you 18 years of age or older? Yes No
If no, state your age _____ (Employment subject to the minimum legal age verification)
Are you authorized to work in the United States? Yes No
Other names used during prior employment _____
Maiden name, other surnames, etc.

General

Applying for position as _____ At which Branch _____
Acceptable Salary Range _____ Date Available to begin work _____
If applying for seasonal work, are you available to work during the off season? Yes No
Have you previously applied for employment for any YMCA branch?
Worked for any YMCA branch?
If so, which YMCA branch?
Dates of employment there: From _____ to _____
Position/title at other YMCA Branch _____
How were you referred to the YMCA?
Employee Advertisement School Drop in Agency Other
Name referral source indicated above _____
Have you ever been involuntarily discharged, fired or asked to resign from a position? Yes No
If yes, provide name of employer and circumstances involved _____
Are you able to perform all the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Prior Employment: List all employment positions you have held, beginning with your most recent position. Include self employment and volunteer work. Attach an additional sheet, if necessary.

Current or most recent employer _____ Employed from _____ to _____
Street Address _____ Starting salary/wages _____ Final salary/wages _____
City _____ State _____ Zip _____ Telephone _____
Name and Title of immediate Supervisor _____
Your Position Title _____
List major duties performed in this position _____

Any supervisory role? Yes _____ No _____ If yes, please describe _____
Reason(s) for leaving, or considering a change _____
What did you like most about this job? _____
What did you like least about this job? _____

Prior Employer _____ Employed from _____ to _____
Street Address _____ Starting salary/wages _____ Final salary/wages _____
City _____ State _____ Zip _____ Telephone _____
Name and Title of immediate Supervisor _____
Your Position Title _____
List major duties performed in this position _____

Any supervisory role? Yes _____ No _____ If yes, please describe _____
Reason(s) for leaving, or considering a change _____
What did you like most about this job? _____
What did you like least about this job? _____

Prior Employer _____ Employed from _____ to _____
Street Address _____ Starting salary/wages _____ Final salary/wages _____
City _____ State _____ Zip _____ Telephone _____
Name and Title of immediate Supervisor _____
Your Position Title _____
List major duties performed in this position _____

Any supervisory role? Yes _____ No _____ If yes, please describe _____
Reason(s) for leaving, or considering a change _____
What did you like most about this job? _____
What did you like least about this job? _____

Military Service

Have you ever served as a member of the U.S. armed forces? Yes _____ No _____
If yes, which branch? _____
Were you honorably discharged? Yes _____ No _____
If no, please explain the circumstances of your discharge. _____

Education	Name, city and state for each school	Type of course or major	Graduated Yes/No	Degree Conferred, if any
High School				
College				
Graduate School				
Trade/Vocational School				
Other				

Are you presently in school? Yes No If yes, provide school name, curriculum, and expected completion date _____

List courses you are currently taking _____

If you are not a high school graduate, have you earned a General Educational Development (GED) or high school equivalency certificate? Yes No

Special Skills

Describe any volunteer work, other experience, interest, training, or honors received in conjunction with your service to any organizations which you consider relevant to your ability to perform the job sought.

List all current special license(s), permit(s), certification(s) and level or credited hours (CPR, Life guarding, First Aid, Social Work, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List computer knowledge, equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience.

Personal/Professional References

Name	Address and phone number	Firm name, address and phone number	Position or occupation	How long known

Please read carefully before signing

I hereby certify that the information provided in this employment application is accurate and complete to the best of my knowledge and belief, and is subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA and its authorized employees, agents or representatives with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability in connection with providing such information. I understand that any misrepresentation or omission of a material fact in my application may result in the rejection of my application.

In the event I am employed, I understand that all YMCA employees are subject to termination at the discretion of the YMCA at any time with or without prior notice. If I am hired and I later choose to voluntarily terminate my employment, I am free to do so any time; if I choose to provide advance notice of resignation, the YMCA may permit me to continue my employment during the notice period or may accept my resignation effective immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to change by the YMCA, at the YMCA's discretion, at any time.

I also understand that, if employed, any misrepresentation made by me in this application may result in the immediate termination of my employment.

I understand that if I am selected for employment with the YMCA, such selection is conditional upon my satisfactorily passing a job-related physical examination and / or pre-employment drug screening, if one is requested, to be given by a licensed physician or registered nurse selected by the YMCA, and upon the results of my driving record check, my criminal history record, reference checks, and background check.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required for the position for which I am asking to be considered.

CONVICTIONS: A prior criminal conviction or guilty plea does not automatically mean you will not be offered a job with the Ocean Community YMCA. The crime(s) you were convicted of, the circumstances surrounding the conviction(s), how long ago the conviction(s) occurred, and the nature of the position you are applying for are important considerations in determining your eligibility for employment.

By signing below, I acknowledge that I have read, understand, and accept the foregoing.

Signature of Applicant

Date