



# SUMMIT AREA YMCA Employment Application www.theSAY.org

**Summit YMCA** - 67 Maple Street, Summit NJ, 07901 (908)273-3330 FAX (908) 273-0258  
**Berkeley Heights YMCA** - 59 Locust Avenue, Berkeley Heights, NJ 07922 (908) 464-8373 FAX (908) 508-1059  
**The Learning Circle YMCA** - 95 Morris Avenue, Summit NJ 07901 (908) 273-7040 FAX (908) 273-5670  
**Association Services Office** -99 Morris Avenue Summit, NJ 07901 (908) 273-4270 FAX (908) 273-4272

The Summit Area YMCA considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital, civil union, or veteran status, sexual orientation, 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, references and other federal or state screenings for child abuse will be conducted. Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

**\*\*\*PLEASE NOTE: DOWNLOAD THE APPLICATION FIRST. ANY INFORMATION ENTERED PRIOR TO DOWNLOAD WILL NOT BE SAVED\*\*\***

## GENERAL INFORMATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been employed by a YMCA before? \_\_\_\_\_ If yes, Where? \_\_\_\_\_  
 If yes, what dates? \_\_\_\_\_ Position(s) \_\_\_\_\_

I am interested in the following positions (check all that apply):  
 Full Time  Part Time  
 Summit YMCA  Berkeley Heights YMCA  The Learning Circle YMCA  Association Services Office

Member Service/ Front Desk  Lifeguard  Babysitting  
 Clerical  Swim Instructor  Early Childhood Teacher  
 Maintenance  Youth Sports Instructor  Afterschool Child Care  
 Fitness Center Staff  Teen Programs  Camp (seasonal)  
 Fitness Class Instructor Style: (Step/Yoga/etc.) \_\_\_\_\_  Other: \_\_\_\_\_

Date available to begin work \_\_\_\_\_ Desired Salary \_\_\_\_\_

Please indicate the hours and days you are available to work during days and evenings. Facility hours vary between 4:45am-10:30 pm.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you hear about this position?  
 Advertisement (Where? \_\_\_\_\_)  Y Website  National YMCA Job Bank  
 YMCA Employee (Who? \_\_\_\_\_)  Other (Specify \_\_\_\_\_)

## 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 Number \_\_\_\_\_ Email \_\_\_\_\_ Supervisor/ Title \_\_\_\_\_  
May we contact them as a reference?  Yes  No  Not at this time  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Supervisor/ Title \_\_\_\_\_  
May we contact them as a reference?  Yes  No  Not at this time  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Supervisor/ Title \_\_\_\_\_  
May we contact them as a reference?  Yes  No  Not at this time  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Supervisor/ Title \_\_\_\_\_  
May we contact them as a reference?  Yes  No  Not at this time  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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

## 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 Number _____	Supervisor/ Title _____
Summary of Work Performed _____	

Organization Name _____	Volunteer from _____ to _____
Street Address _____	City _____ State _____ Zip _____
Phone Number _____	Supervisor/ 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 \_\_\_\_\_ )  
 Lifeguard (Type & Expiration Date \_\_\_\_\_ )     
  CDL (Expiration Date \_\_\_\_\_ )  
 Fitness Certifications (Types & Expiration Dates \_\_\_\_\_ )

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

<b>Why are you Applying to work at the YMCA?</b>	
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<b>What are your qualifications for the position you're applying for?</b>	
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<b>What are your interests and hobbies?</b>	
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## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## PERSONAL REFERENCES

Please list four references who have known you for at least one year and you must include a close family member.

<input checked="" type="checkbox"/> Family Reference (Relationship _____ )	Years Known _____
Name _____	Occupation _____
Cell Phone _____	Work Phone _____ Home Phone _____
Email Address _____	
<input type="checkbox"/> Work Reference <input type="checkbox"/> Family Reference (Relationship _____ ) <input type="checkbox"/> Other Reference	Years Known _____
Name _____	Occupation _____
Cell Phone _____	Work Phone _____ Home Phone _____
Email Address _____	
<input type="checkbox"/> Work Reference <input type="checkbox"/> Family Reference (Relationship _____ ) <input type="checkbox"/> Other Reference	Years Known _____
Name _____	Occupation _____
Cell Phone _____	Work Phone _____ Home Phone _____
Email Address _____	
<input type="checkbox"/> Work Reference <input type="checkbox"/> Family Reference (Relationship _____ ) <input type="checkbox"/> Other Reference	Years Known _____
Name _____	Occupation _____
Cell Phone _____	Work Phone _____ Home Phone _____
Email Address _____	

The above information is true and complete to the best of my knowledge. If I'm employed by the Summit Area YMCA, any misrepresentation or false statement contained herein may be considered cause for possible dismissal.

The Summit Area YMCA has my permission to obtain all necessary information from the references I have provided, or any other sources, concerning my prior employment or personal history, and I release all persons, corporations and organizations from any possible damages or claims resulting from disclosing such information. 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.

I understand that my initial and continued employment at the Summit Area YMCA will be contingent upon the results of a criminal background check, a child abuse registry check, references and a negative pre-employment drug test. I understand that I may be subject to additional criminal background checks and random or for cause drug testing during the course of my employment.

I understand that neither this application, nor my acceptance of employment with the Summit Area YMCA shall constitute an employment contract of any kind. If I'm employed by the YMCA, I may resign such employment at any time at my discretion with or without prior notice and the YMCA may terminate my employment at any time at its discretion, with or without cause and with or without prior notice. I understand that all materials produced for the Summit Area YMCA by the employee are property of the Summit Area YMCA.

I consent that photographs taken of myself are property of the Summit Area YMCA and may be reproduced as the Y desires, free of any claim on my part.

I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Print Parent's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

(If Applicant is under 18 years of age)