



# 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** - 550 Springfield Ave, 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** - 490 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.

## GENERAL INFORMATION

**Today's Date** \_\_\_\_\_

Name \_\_\_\_\_

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 Rate of Pay \_\_\_\_\_  
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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 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)



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Summit Area YMCA EEO Self Identification Form

Summit                     
  Berkeley Heights                     
  Association Services                     
  The Learning Circle

The Summit Area YMCA is an Equal Opportunity Employer. The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information nor on whether you choose to furnish it. This EEO Self Identification Form will be kept in a confidential file separate from the Employment Application. Please indicate your preferences by placing an X in the appropriate boxes.

Name:	Position applied for:
Please indicate your preference	<input type="radio"/> I wish to provide the information <input type="radio"/> I do not wish to provide the information
Gender	<input type="radio"/> Male <input type="radio"/> Female

**RACE/ ETHNICITY:** Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/> Two or more races	All persons who identify with more than one of the above races.

**DISABLED/ VETERAN CLASSIFICATION(S):** Please indicate the category or categories that apply to you:

<input type="checkbox"/> Individual With a Disability	Has a physical or mental impairment, which substantially limits one or more of your major life activities; Has a record of such an impairment; or is regarded as having such an impairment.
<input type="checkbox"/> Disabled Veteran	~A veteran of the US military, ground, naval, or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, <b>or</b> ~A person who was discharged or released from active duty because of a service connected disability.
<input type="checkbox"/> Recently Separated Veteran	Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval or air service.
<input type="checkbox"/> Armed Forces Service Medal Veteran	Any veteran serving on active duty in the US military, ground, naval or air service, who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
<input type="checkbox"/> Other Protected Veteran	A veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date