



**YMCA OF THE NORTH SHORE**

**APPLICATION FOR EMPLOYMENT**

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Association to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**Our Mission**

The YMCA of the North Shore is committed to the values of caring, honesty, respect and responsibility. Our YMCA provides all children, adults, and families, regardless of income, with opportunities to develop a healthy spirit, mind and body.

**PERSONAL INFORMATION**

NAME: Please PRINT or TYPE	Social Security No.	Home Phone No. ( )
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Work Phone No. ( )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
EMAIL ADDRESS:		
Can you, if offered employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EMPLOYMENT DESIRED**

Position applying for:	Location:	Date available:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever worked for a YMCA before?   If yes, please specify date, YMCA, Branch and Department. <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Do you have friends or relatives currently working for a YMCA? If yes, Please list name, YMCA, Branch and Department. <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Type of work desired:   ___ Full time ___ Part Time ___ Seasonal ___ Temporary ___ Educational Co-op	Please check:   ___ Days ___ Nights ___ Evenings ___ Weekday ___ Weekends	
How were you referred to the Association: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please identify source below)		
Name of employee:		
Position and location of employee:		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate? (Yes/No)	What Degree	
	From	To			
Elementary					
High School					
College/University					
Other					
Highest Degree Earned					
(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master					
Please list all current certifications, job related skills, and/or related training experiences. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment, if applicable.					
<input type="checkbox"/> Typing/ Keyboarding _____ WPM		<input type="checkbox"/> Computer Skills, i.e. Y-Ware; Microsoft Office, etc.:		<input type="checkbox"/> Other machines requiring special skills:	

## REFERENCE DATA

**PLEASE PROVIDE INFORMATION FOR THREE INDIVIDUALS WHO ARE NOT RELATIVES THAT WE MAY CONTACT.  
PLEASE LIST ONE FAMILY MEMBER THAT WE MAY CONTACT**

Name	Relationship	Address	Phone	Years Known



## PERSONAL INFORMATION

Are you less than 18 years of age?      If yes, can you provide a Work Permit/Education Certificate?  
 YES     NO                                       YES     NO

Have you ever been convicted of a felony?  
 YES       NO    If yes, please explain:  
(A conviction will not necessarily disqualify you.)

Have you ever been convicted for child abuse or sex-related crimes?  
 YES       NO    If yes, please explain:

Within the last 5 years, have you been convicted of, or ended a period of incarceration resulting from, a conviction for a misdemeanor other than first convictions for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? If yes, describe in full.

YES       NO    If yes, please explain:

Please note: If you have a sealed record on file with the Commissioner of Probation you may answer "no record" with respect to an inquiry herein relative to prior convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior adjudications in all cases of delinquency or as a child in needs of services which did not result in a complaint transferred to Superior Court and resulting in conviction.

The Criminal History Systems Board and Security Privacy Council certified the YMCA of the North Shore for access to conviction data concerning present and prospective employees who will have the opportunity for contact with children.

## PRE-EMPLOYMENT CERTIFICATION

Notice to Employment Applicants:

I understand that this application, the Association handbooks, policies, practices, procedures, and all other communications by the Association do not create contractual rights or entitlements, and may be modified or eliminated by the Association at any time, in its sole discretion. If I am hired, I understand that my employment is at will and may be terminated by me or the Association at any time, with or without cause or notice. Any agreement contrary to the foregoing must be in writing and must be signed by the CEO of the Association and me.

I certify that the information contained on this application form is accurate and complete in all respects. I understand that the information and references regarding me may be investigated by the Association or its agents, and that giving inaccurate or incomplete information may result in my being rejected for employment, or, if discovered after my employment commences, may result in disciplinary action up to and including termination of employment. I authorize the YMCA Association to verify all information I have provided on this application form. I release anyone from any and all liability to me, which could result from their disclosure of information in response to the Association's inquiries. A photocopy of this authorization and release may be considered as valid as an original.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. Any employer who violates this law shall be subjected to criminal penalties and civil liability.

I understand and expressly agree that if employed by the Association, storage areas provided for me (locker, desk, e-mail, etc.) are open to investigation by the Association without prior notice to me.

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

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

\_\_\_\_\_  
Date of Application