



YMCA OF MARTHA'S VINEYARD APPLICATION FOR PART-TIME 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 YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE		Home Phone No.
PHYSICAL ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Mobile Phone No
MAILING ADDRESS: (including City, State, Zip Code)	Email Address:	
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18?	If hired, do you have a reliable means of transportation to get to work?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Hourly rate desired
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		
Do you have any immediate family members (spouse, domestic partner, parents, children, siblings, in-laws) currently employed by the Y? If yes, which department?*		
Time of Day Available to work (check all that apply): <input type="checkbox"/> Early Mornings 5:15 – 9 am <input type="checkbox"/> Mid-day 9 am – 3 pm <input type="checkbox"/> Afternoon/Evening 3 – 9 pm		
Have you ever applied for a job at a YMCA?	Have you ever been employed by a YMCA?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when, and which one?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when, and which one?	
How were you referred to the YMCA of Martha's Vineyard?		
<input type="checkbox"/> MV Times <input type="checkbox"/> Gazette <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (please specify) _____		
If Referral, Name of Person: _____		
I am willing to work <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays		

*The YMCA of MV has a policy where relatives may not work together in some departments or circumstances. By answering yes to this question, it does not necessarily preclude you from obtaining a position with the YMCA of Martha's Vineyard.

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate					Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research, training or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. 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"/> Keyboarding WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, MAC etc.		<input type="checkbox"/> Other machines requiring special skills:		

CERTIFICATION

(Current certifications are required for lifeguards, personal trainers, and swim instructors)

Type of Certification:	
Date Received:	Expiration Date:
Type of Certification:	
Date Received:	Expiration Date:
Type of Certification:	
Date Received:	Expiration Date:

U.S. MILITARY SERVICE DATA

Branch:
Dates Served:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY	
Company Name		Phone No.	Dates of Employment From To (Mo/Yr) (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		
Supervisor (Name & Title)					
Description of Job Duties					
Company Name		Phone No.	Dates of Employment From To (Mo/Yr) (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		
Supervisor (Name & Title)					
Description of Job Duties					
Company Name		Phone No.	Dates of Employment From To (Mo/Yr) (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		
Supervisor (Name & Title)					
Description of Job Duties					
Company Name		Phone No.	Dates of Employment From To (Mo/Yr) (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final		
Supervisor (Name & Title)					
Description of Job Duties					

Please explain any periods of time in which you were not employed, and give the dates: _____

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT – MUST BE PROVIDED TO BE CONSIDERED FOR EMPLOYMENT

NAME	EMPLOYER	PHONE

PRE-EMPLOYMENT CERTIFICATION

Must be initialed to be considered for employment

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from. **I understand that any employment offer is contingent upon the results of criminal history and sex offender background checks.**

Initial

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver’s license if my position requires me to drive in the course of my work.

Initial

Should an employment offer be made, I understand that I will be required to furnish a verifiable Social Security Number as part of my background checks.

Initial

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.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between the YMCA and me concerning the nature of my potential employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between the YMCA and me. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application