



151 Vly Road
 P.O. Box 12640
 Albany, NY 12212
 www.cdymca.org

Application of Employment
The Capital District YMCA is an Equal Opportunity Employer.
The Capital District YMCA reserves the right to perform background checks on all applicants prior to hiring.

Position applied for: _____ Date you can start: _____

Location(s) you are interested in: _____

Desired Status: (please circle) Full time Part time Seasonal

How did you find out about the position? Employee (include name): _____

Newspaper (please specify) _____ Job Fair _____ Other: _____

Applicant Information—Please print

Name: _____ SS #: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email Address: _____ Daytime Phone: _____

Please answer the following:

Have you ever been employed by any YMCA previously? If yes, where and what dates? _____

Are you over age 18? Yes ___ No ___ If not, you will be required to produce original working papers prior to starting work.

Are you legally eligible to work in the United States? Yes ___ No ___

Have you ever been convicted of a crime or do you currently have an arrest or criminal proceeding pending which has not been resolved in your favor? Yes ___ No ___

If yes, please explain: _____

List any Certifications (include any expirations): _____

Education:

Type	Institution Name/Address	Years Completed	Course of Study	Degree Received
High School				
College				
Grad School				
Other				

Employment History and References

List past employment experiences, beginning with the most recent.

-Company Name and Address ----- -Supervisor Name and Phone Number	Date of Employment (month/year)	Job Title/ Duties	May we call for reference?	Reason for leaving?	Last salary?
	From: To:				
	From: To:				
	From: To:				
	From: To:				

Personal References

Complete this section, in full, with three personal/school/volunteer references. References may not be relatives or former employers.

Name	Telephone Number	Relationship

Please read the following carefully before signing:

I certify that the information in this application and in any accompanying resume is accurate and complete. I understand that omission, misrepresentation or falsification of any information is grounds for withdrawal of any job offer and/or immediate discharge. As a condition of employment, I understand that verification of any applicable certification, registration or licensure must be successfully completed. I also understand that any offer of employment is contingent upon the receipt of satisfactory references, proof of identity, proof of legal eligibility to accept employment in the United States and working papers, if applicable. I voluntarily give YMCA the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility YMCA and all persons, companies, or corporations supplying such information. The hiring of any employee shall not be considered as creating a contractual relationship between the employee and the Capital District YMCA for any period of time. Employment may be terminated with or without cause, and with or without notice, at any time, at the option of the Capital District YMCA or the employee.

Signature

Date