

EMPLOYMENT APPLICATION

YMCA OF LONG ISLAND, INC.



PERSONAL INFORMATION

Write legibly or application will be returned

Last Name		First Name		MI	Today's Date	
Street Address			City	State		Zip
Home Phone		Cell Phone		Email Address **Mandatory**		
Desired Position		Desired Location		Available Start Date		
Have you previously been employed by this YMCA or any other YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? At which locations?						
If hired, can you provide verification of you legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you able to provide proof of COVID-19 vaccination? Yes No						

EMPLOYMENT INFORMATION

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full-time Part-time Seasonal As Needed

EDUCATION & TRAINING

TYPE OF SCHOOL	NAME OF SCHOOL (INDICATE CITY AND STATE)	COURSE OF STUDY / DEGREE RECEIVED	CHECK LAST YEAR COMPLETED
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12
Junior College			<input type="checkbox"/> 1 <input type="checkbox"/> 2
College			<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Vocational/Other			

Check all certifications and list any technical skills that you feel qualify you for the job for which you are applying:

First Aid CPR Pro RTE AED Fire Safety Lifeguard Water Safety Instructor Oxygen Administration

Other: _____

Indicate any foreign languages you can speak, read, and/or write:

EMPLOYMENT HISTORY: List all previous employment during the past seven years starting with the most recent. Include military service in the U.S. Armed Forces. Use additional sheets if needed.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor and Title: _____

Reason for Leaving: _____ Dates Employed From: ____ / ____ To: ____ / ____

Summarize the nature of work performed and job responsibilities:

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor and Title: _____

Reason for Leaving: _____ Dates Employed From: ____ / ____ To: ____ / ____

Summarize the nature of work performed and job responsibilities:

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor and Title: _____

Reason for Leaving: _____ Dates Employed From: ____ / ____ To: ____ / ____

Summarize the nature of work performed and job responsibilities:

APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

1. I authorize the YMCA of Long Island to obtain information concerning former employers and others, and I release all concerned from any liability in connection therewith.
2. I declare that my answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that any false statements or omissions of facts called for appearing on this or any other employment form will be sufficient reason not to place me as an employee with the YMCA, and if discovered after my employment, may result in immediate removal from my position at the YMCA of Long Island's sole discretion.
3. If employed, I will abide by the rules, regulations, and statements of policy which now exist, or which may, from time to time, be added to, modified, or changed, as circumstances warrant, at the sole discretion of the organization.
4. I understand that this application for employment is not a contract and is not intended to imply or create contractual rights of any kind or nature. If employed, employment is on an at-will basis and may be terminated any time and for any reason, with or without cause, by either the employee or the YMCA of Long Island.

I have read and understand the above.

SIGNATURE OF APPLICANT

DATE

THE Y: WE'RE HERE FOR YOUTH DEVELOPMENT, HEALTHLY LIVING & SOCIAL RESPONSIBILITY