



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Plattsburgh/Malone YMCA

EQUAL OPPORTUNITY EMPLOYER
This application is active for 30 days.

Select one: Employment Application Volunteer Application*

PERSONAL INFORMATION

POSITION OF INTEREST:		DATE:	
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:	EMAIL:		

Have you ever been employed at any branch of the Plattsburgh/Malone YMCA? Yes No

DATES:	BRANCH:	POSITION(S):
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Are you legally eligible for employment in the U.S.? Yes No *Verification required upon unemployment*

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Expected hourly rate or annual salary? (For Employment Only)	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
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Have you ever been convicted of a crime (felony or misdemeanor) or have been investigated by Child Protective Services for any reason? No Yes - Please provide request information below.

conviction does not automatically disqualify a candidate

DATES:	PLACE OF CONVICTION:	TYPE OF CRIME AND CONVICTION:

AVAILABILITY

On what date will you be available to begin employment or volunteer?	
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Please indicate below when you are available to work or volunteer.

<u>MONDAY:</u>	<u>WEDNESDAY:</u>	<u>FRIDAY:</u>	<u>SUNDAY:</u>
<u>TUESDAY:</u>	<u>THURSDAY:</u>	<u>SATURDAY:</u>	<u>HOURS PER WEEK:</u>

EDUCATIONAL BACKGROUND

EDUCATION	SCHOOL NAME	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE
HIGH SCHOOL					
COLLEGE or GRADUATE SCHOOL					
OTHER (SPECIFY)					

Personal Registration, Trade License, Certifications or Accreditations:
 *(pool operator, CPR/First Aid, Lifeguard, Fitness Instructor, Electrician, Plumber, etc.)

TYPE	DATES	REGISTRATION NUMBER	STATE

Summarize any additional information necessary to describe your full qualifications:

IMPORTANT! PLEASE READ BEFORE SIGNING

I certify that my responses given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment/volunteering as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I also authorize the Plattsburgh/Malone YMCA to conduct a background check through Commercial Investigations, LLC. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate disqualification or discharge. I understand, also that I am required to abide by all rules and regulations of the YMCA organization.

SIGNATURE:	DATE:
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EMPLOYMENT BACKGROUND (List positions in chronological order starting with the most current or most recent position)

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES
PHONE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:	
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES
PHONE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:	
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES
PHONE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:	
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:

EMPLOYER NAME:		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES
PHONE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:	
STARTING PAY:	ENDING PAY:	POSITION(S) HELD:
DATE HIRED:	DATE SEPARATED:	REASON FOR SEPARATION:

I hereby give permission to contact the employers listed above.

SIGNATURE: _____

PERSONAL REFERENCES (only complete if you do not have prior work experience or you wish to volunteer)

NAME	PHONE NUMBER	YEARS KNOWN	HOW DO YOU KNOW THEM?

