

Madison Area YMCA



Employment Application

YMCA Mission:

The Madison Area YMCA, part of a worldwide association based on Christian principles, inclusive of all people, provides quality programs that develop a healthy spirit, mind and body and promotes the core values of caring, honesty, responsibility and respect.

Work With Us!

The YMCA builds strong kids, strong families and strong communities. We are looking for talented people, friendly staff who are interested in working with people and making a difference in the lives of children and families. With more than 135 years of experience, the YMCA knows that its mission is achieved one person at a time - carried out in the hearts and hands of each caring and skillful staff member. At the YMCA our success is not only on the bottom line but also on how well we provide services to our members.

Opportunities

The YMCA is an exciting place to work. You would be joining a team of highly motivated, highly talented self-starters with a variety of backgrounds. The YMCA values its employees. As a YMCA staff member you are encouraged to try new things and look for creative approaches to your job. We recognize achievement with opportunities for advancement within the YMCA organization.

YMCA Kirby Center
54 East Street
Madison NJ 07940
973-377-4945

YMCA Administration
192 Main St 2nd Floor
Madison, NJ 07940
973-765-0179

YMCA Family Center
111 Kings Road
Madison NJ 07940
973-822-9622



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We build strong kids, strong families, strong communities

The Madison Area YMCA provides equal employment opportunity without regard to race, color, religion, gender, age, national origin, marital status, veteran status, sexual orientation, mental or physical disability, or any other characteristic protected by law.

PERSONAL – PLEASE PRINT CLEARLY

Last Name		First	Middle	S.S.# Will be requested if hired	
Current Mailing Address				Apt Number, PO Box, Building	
Current Phone		City		State	Zip Code
Email Address					
Permanent Mailing Address		City		State	Zip Code
Are you legally authorized to work in the United States? If hired, you will be required to submit proof of your identity and legal work authorization as a condition of employment.			<input type="checkbox"/> Yes <input type="checkbox"/> No Are you over the age of 18? If not over the age of 18 can you obtain a valid work permit ?		
Type of work or position for which you are applying. <input type="checkbox"/> full-time <input type="checkbox"/> part-time Position Title _____			Have you ever worked for the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what position?		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Information provided will not automatically disqualify you as an applicant. If hired, the YMCA conducts a criminal background check for all employees.			If you answered yes to being convicted of a crime, please provide the following: Date, Place, Nature of offense		
ONLY For jobs requiring use of a YMCA vehicle or if you are to be reimbursed for driving your personal vehicle while on YMCA business, please complete the following. If hired and you use a YMCA vehicle or are reimbursed for using your personal vehicle, you will be subject to an annual Department of Motor Vehicles check.			How did you hear about this position? <input type="checkbox"/> Advertisement (which one?) _____ <input type="checkbox"/> Friend (name) _____ <input type="checkbox"/> In-Building Display <input type="checkbox"/> Other (specify) _____		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your driver's license been suspended or revoked in the past 5 years ? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a moving violation in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please check any current certifications:

<input type="checkbox"/> Lifeguard Certification	<input type="checkbox"/> NJ Group Teacher Approval
<input type="checkbox"/> Swim Instructor Certification	<input type="checkbox"/> CDA (Child Development Associate)
<input type="checkbox"/> First Aid	<input type="checkbox"/> NJ Head Teacher Qualification
<input type="checkbox"/> CPR (Cardio Pulmonary Resuscitation)	<input type="checkbox"/> Teacher Certificate
<input type="checkbox"/> EMT (Emergency Medical Technician)	<input type="checkbox"/> CDL (New Jersey Commercial Driver's License)
<input type="checkbox"/> Current YMCA Certifications _____	<input type="checkbox"/> Personal Trainer Certification _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

EMPLOYMENT HISTORY: (PLEASE PRINT CLEARLY)

Beginning with the most recent, list all employment even if resume is provided:

Employer	Address		From (Month/Year to Month/Year)
Name of Supervisor	Supervisor's Title	Telephone Number	Starting Salary
Starting Position	Current or Last Position		Current or Ending Salary
Description of duties and accomplishments			Reason for Leaving
_____			May we contact this employer?
_____			___ Yes ___ No

Employer	Address		From (Month/Year to Month/Year)
Name of Supervisor	Supervisor's Title	Telephone Number	Starting Salary
Starting Position	Current or Last Position		Current or Ending Salary
Description of duties and accomplishments			Reason for Leaving
_____			May we contact this employer?
_____			___ Yes ___ No

Employer	Address		From (Month/Year to Month/Year)
Name of Supervisor	Supervisor's Title	Telephone Number	Starting Salary
Starting Position	Current or Last Position		Current or Ending Salary
Description of duties and accomplishments			Reason for Leaving
_____			May we contact this employer?
_____			___ Yes ___ No

Employer	Address		From (Month/Year to Month/Year)
Name of Supervisor	Supervisor's Title	Telephone Number	Starting Salary
Starting Position	Current or Last Position		Current or Ending Salary
Description of duties and accomplishments			Reason for Leaving
_____			May we contact this employer?
_____			___ Yes ___ No

PERSONAL REFERENCES:

List three persons, preferably those familiar with your abilities, who may be contacted (**please include one family member if possible**)

First Name	Last Name	Relationship	Telephone	Years Known
First Name	Last Name	Relationship	Telephone	Years Known
First Name	Last Name	Relationship	Telephone	Years Known

Educational Experience

Educational Institution	Number of years completed	Graduated Yes/No	If presently attending, estimated date of graduation	Course, Major or Degree Received
High School				
Address				
City, State				
College				
Address				
City, State				
College				
Address				
City, State				

Please describe your experience with computers and/or office machines.

Provide information about community or volunteer activities, professional trade or service organizations to which you belong which you believe may demonstrate your job related abilities. (You may exclude those that indicate race, color, religion, sex, national origin, age, handicap or status as a veteran).

Read carefully before signing:

1. I understand that the receipt of this application does not imply that I will be employed.
2. The statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal if at any time the Madison Area YMCA discovers that I have omitted, misstated, or falsified information on this application or at any time during the hiring process.
3. I authorize the Madison Area YMCA to conduct a background inquiry to verify the statements and information on this application, other documentation that I have provided, and other areas that may include prior employment, consumer credit, criminal convictions, motor vehicle history and other reports. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the Madison Area YMCA. I hereby release any individual, agency, and the Madison Area YMCA from all claims or liabilities that may arise from the disclosure of such information.
4. I understand that all employees of the Madison Area YMCA are employees at will. If hired, I will be free to resign at any time. Likewise, the Madison Area YMCA will have the right to terminate my employment at any time with or without any reason or notice. Neither this application, the Human Resources Handbook, or any other documents given to me is intended to create, nor should such documents be construed as creating an expressed or implied contract of employment for a definite term. I understand that no other company representative has the authority to alter my at-will status without the written approval of the Madison Area President.
5. A copy of this authorization will be considered as effective and valid as the original.

My signature certifies that I have read and agree with the above statements.

Applicant Signature

Date

Witness

Date