



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Greater Waterbury YMCA

## APPLICATION FOR EMPLOYMENT

The Greater Waterbury YMCA, is a leading nonprofit, charitable organization committed to strengthening community through youth development, healthy living and social responsibility. The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law. The Greater Waterbury YMCA further agrees and warrants that we are in compliance with all laws and regulations of the United States and the State of Connecticut regarding equal employment opportunity and public accommodations with respect to our programs, clients, officers, employees, and volunteers.

It is the goal of the Greater Waterbury YMCA to provide a safe environment to all members and participants. In accordance with the Waterbury YMCA's Child Abuse Prevention Policy, I agree to allow the Waterbury YMCA to run a criminal history and sex offender registry check on myself and understand that the results of this check **may** result in my inability to become an employee of the Waterbury YMCA.

**THE GREATER WATERBURY YMCA HAS A ZERO TOLERANCE POLICY REGARDING CHILD ABUSE.**

\_\_\_\_\_ Initial Here

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

### EMPLOYMENT DESIRED

<b>Type of POSITION desired:</b> (please circle only ONE)					Salary desired
<b>Administration</b>	<b>Lifeguard</b>	<b>Swim Instructor</b>	<b>Camp</b>	<b>Childcare</b>	Date Available
<b>Babysitting</b>	<b>Fitness</b>	<b>Front Desk</b>	<b>Maintenance</b>	<b>Youth Programs</b>	
<b>Other:</b> _____					
*This application will be reviewed for only the selected position.					



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**PERSONAL INFORMATION**

NAME: Please PRINT or TYPE		Home Telephone	Cell
EMAIL:			
ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at present address?	Business No. + Ext. ( )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code			Number of years at previous address:
Can you, if hired, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you 18 years of age or older?		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	
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			
Have you ever applied at the Waterbury YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when?		Have you ever been employed by the Waterbury YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when?  In what department _____ Supervisor's Name: _____	
How were you referred the Waterbury YMCA <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) (If referred by an employee list name of employee) _____			



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**EDUCATION AND TRAINING**

SCHOOL NAME, CITY & STATE	Diploma Awarded	Degree	Major	Major Subject/ Total Hours
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress			
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress			
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress			
<p>Additional Education, Vocational and/or Professional Information such as special areas of research 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.</p>				
<p>Professional memberships, certificates or licenses held. (You may 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.</p>				

**U.S. MILITARY SERVICE DATA**

Branch:
List Special Training or Skills:



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**EMPLOYMENT DATA**

If you are presently employed may we contact your employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST</b> *or you may attach Resume		
<b>Company Name</b>		Phone No. (        )
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	Dates of Employment From (Mo/Yr)    To (Mo/Yr)
Supervisor (Name & Title)		Reason for leaving
Description of Job Duties		
<b>Company Name</b>		Phone No. (        )
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	Dates of Employment From (Mo/Yr)    To (Mo/Yr)
Supervisor (Name & Title)		Reason for leaving
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Supervisor (Name & Title)		Reason for leaving
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Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Supervisor (Name & Title)		Reason for leaving
Description of Job Duties		

**Please include dates for all that apply.**

Certification	Date Certified	Expiration Date	Certification	Date Certified	Expiration Date
Adult CPR			WSI		
Child CPR			CDL		
Infant CPR			Group Exercise		
First Aid Basics			Ropes		
CT Childcare First Aid			Personal Trainer		
CPR for the Professional Rescuer			Other (List)		
Adult AED			Other (List)		
EMT			Other (List)		

**Activities you have experience with: (please star (\*) any that you are able to teach)**

**Examples include:** crafts, music, nature studies, sports, recreation, swimming, boating, dramatics, teambuilding, computers, aerobics, dance, fitness, etc..

Activity Name	Teach? (*)	General Description of Activity



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**REFERENCE DATA**

**2 PROFESSIONAL/WORK REFERENCES WE MAY CONTACT  
1 FAMILY MEMBER OTHER THAN PARENT OR CHILD**

Name	Area Code	Phone	Relationship to Applicant	Length of Relationship

**Application Acknowledgement and Authorization**

I understand that this application is only valid for the position applied.

\_\_\_\_\_  
**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 therefrom.

\_\_\_\_\_  
**Initial**

I agree to allow the Waterbury YMCA to run a criminal history and sex offender registry check on myself and understand that the results of this check may result in my termination.

\_\_\_\_\_  
**Initial**



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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 me and the YMCA concerning the nature of my 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 me and the YMCA. 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**

**OFFICE USE ONLY**

Received on: \_\_\_\_\_

Received by: \_\_\_\_\_

Dept. received: \_\_\_\_\_