



# APPLICATION FOR EMPLOYMENT

It is the policy of the OCEAN COUNTY YMCA to maintain and promote Equal Employment Opportunity for all staff through the effective use and continuous implementation of the Affirmative Action Plan, and to provide Equal Employment Opportunity for all, regardless of race, creed, color, sex, age, religion, national origin, ancestry, marital status, handicap/disability, affectional or sexual orientation, or because of their liability for service in the Armed Forces of the United States. The OCEAN COUNTY YMCA also endorses the Affirmative Action policy that sexual harassment is unacceptable conduct and will not be condoned.

1088 W Whitty Road, Toms River, NJ 08755 (P) 732 341 9622 (F) 732 341 1629 (W) ocymca.org

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

## PERSONAL INFORMATION - PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
City State Zip

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years old or older? (If under 18, you will be required to submit working papers if offered employment) YES \_\_\_ NO \_\_\_

Are you 16 years old or older? (NJAC 8:25 states counselors must be a minimum of 16 years of age) YES \_\_\_ NO \_\_\_

Have you ever been employed here before? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, give dates and positions: \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date available for work: \_\_\_\_\_ What is your desired hourly/salary range? \$ \_\_\_\_\_

Type of Employment Desired: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_ Educational Co-Op

Are you available for Full-Time work? \_\_\_ YES \_\_\_ NO If not, what hours can you work? \_\_\_\_\_

Do you possess a valid driver's license? \_\_\_ YES \_\_\_ NO State: \_\_\_\_\_

Names of Friends/Relatives working for the Ocean County YMCA? \_\_\_\_\_

**Have you pled "guilty" or "no contest" to, or been convicted of a crime/offense in the last seven (7) years, including sex-related or child-abuse related offenses? \_\_\_ YES \_\_\_ NO (A conviction will not necessarily preclude employment) If yes, please provide date(s) and details:** \_\_\_\_\_

**ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.**

## EDUCATIONAL BACKGROUND

NAME & LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

## SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions for which you are applying?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

**List References who are NOT related to you and are NOT a former employer**

NAME & ADDRESS TELEPHONE NUMBER # OF YEARS

NAME & ADDRESS	TELEPHONE NUMBER	# OF YEARS

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## EMPLOYMENT HISTORY

Provide the following information of ALL past employers, starting with the most recent.

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Job Title/Final Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone : \_(\_\_\_\_)\_\_\_\_\_ Immediate Supervisor & Title: \_\_\_\_\_ May we contact for reference? YES \_\_\_ NO \_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Job Title/Final Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone : \_(\_\_\_\_)\_\_\_\_\_ Immediate Supervisor & Title: \_\_\_\_\_ May we contact for reference? YES \_\_\_ NO \_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Job Title/Final Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone : \_(\_\_\_\_)\_\_\_\_\_ Immediate Supervisor & Title: \_\_\_\_\_ May we contact for reference? YES \_\_\_ NO \_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Hourly Rate/Salary: Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

USE ADDITIONAL SHEETS IF NECESSARY

## APPLICANT STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

In the OCEAN COUNTY YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with the OCEAN COUNTY YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health (where required by law), and I fully consent to and authorize all such inquiries.

In the event of my employment by the OCEAN COUNTY YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I understand that my initial employment is contingent upon receipt of a report of a current physical examination (if required by law) made of me by a licensed physician showing me to be in good health and free of contagious diseases. Additionally, I authorize the OCEAN COUNTY YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning me, my background, experience, prior employment, and criminal background check. Inquiries or requests may be made by you, or your representatives, to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment, would be cause for termination of employment with the OCEAN COUNTY YMCA.

I understand and agree that if I am employed, there is no contract period for employment and my employment would solely be an "employment at will," giving either me or the OCEAN COUNTY YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

I am aware that consumer and motor vehicle reports may be obtained as part of the OCEAN COUNTY YMCA'S evaluation of my job application and/or employment. The reports may be procured by the OCEAN COUNTY YMCA or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for the OCEAN COUNTY YMCA or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time to time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS APPLICATION.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date