



Application for Employment
YMCA of the Greater Tri-Valley
 301 W. Bloomfield St
 Rome, NY 13440

Branch:	_____ Rome
	_____ Oneida
Dept:	_____

Please PRINT clearly and complete all sections

Personal Information

Name: _____ Social Security No. _____ *

Last First Middle

*You are not required to disclose your social security number before being hired – be advised that disclosure is optional.

Address: _____ Telephone No. _____

Street City State Zip

Cell Phone Number: _____ Email Address _____

Position(s) applying for: _____ Expected Rate of Pay \$ _____ / hour

Are you authorized to work in the United States? Yes No

Have you ever been employed by a YMCA before? Yes No

If yes, give dates, position(s) and location(s) _____

Date available for work: _____ Are you over the age of 18? Yes No

Type of employment desired: Full-time Part-time Seasonal (including camps) Temporary

Some YMCA full-time and part-time positions may required that you work overtime. Would you be willing and able to work overtime as necessary? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please provide date(s) and details _____

(Answering "yes" to this question does not constitute an automatic barrier 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.)

Education/Training

	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma, Degree or Subjects Studied
			1	2	3	4		
High School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Certifications/Licenses/Special Skills

List any current certifications or licenses that may qualify you as being able to perform job-related functions in the position for which you are applying.

- | | |
|---|--|
| <input type="checkbox"/> Adult/Child CPR/AED (Red Cross) | <input type="checkbox"/> Lifeguard Training (Red Cross) |
| <input type="checkbox"/> CPR for the Professional Rescuer (Red Cross) | <input type="checkbox"/> Water Safety Instructor (Red Cross) |
| <input type="checkbox"/> Standard First Aid (Red Cross) | <input type="checkbox"/> Instructor Candidate Training (Red Cross) |
| <input type="checkbox"/> Community First Aid (Red Cross) | <input type="checkbox"/> Lifeguard Training (YMCA) |
| <input type="checkbox"/> Heart Saver (Heart Association) | <input type="checkbox"/> Swimming Coach Training (YMCA) |
| <input type="checkbox"/> Babysitting Certification (Red Cross) | <input type="checkbox"/> Waterfront Lifeguard Module (Red Cross) |
| <input type="checkbox"/> Commercial Driver's License (NYS) | <input type="checkbox"/> Other: _____ |

YMCA of USA and/or Other Job Related Certifications

List any YMCA or other job related certifications that you consider relevant to your ability to perform this job?

Affiliations

List any professional or trade groups or organizations that you belong to that you consider relevant to your ability to perform this job?

Employment History

Provide the following information of your past four (4) employers, assignments, or volunteer activities, starting with the most recent. Exclude groups that indicate race, color, religion, sex, age, disability, sexual orientation or national origin.

From	To	Employer Name	Telephone #
Starting/Ending Job Title		Employer Address	
Immediate Supervisor Name & Title		Summarize the nature of work performed and Job Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving			

Employment History (Continued)

From	To	Employer Name	Telephone #
Starting/Ending Job Title		Employer Address	
Immediate Supervisor Name & Title		Summarize the nature of work performed and Job Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving			

From	To	Employer Name	Telephone #
Starting/Ending Job Title		Employer Address	
Immediate Supervisor Name & Title		Summarize the nature of work performed and Job Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving			

From	To	Employer Name	Telephone #
Starting/Ending Job Title		Employer Address	
Immediate Supervisor Name & Title		Summarize the nature of work performed and Job Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving			

Work-Related and Personal References

Please include two work references (supervisors, not co-workers) and one personal reference (not a relative)

Reference #1:

Name: _____ Daytime Telephone No. _____

Address: _____ Relationship/Job Title: _____

Email address: _____

Reference #2:

Name: _____ Daytime Telephone No. _____

Address: _____ Relationship/Job Title: _____

Email address: _____

Applicant Statement

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I agree that the YMCA of the Greater Tri-valley and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the YMCA of the Greater Tri-Valley in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986 (and its amendments) I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States at my YMCA Human Resources New Employee Orientation Session. I have received from the YMCA a list of the approved documents that are required.

If I am hired, I understand that my employment is at will, and I am free to resign at any time, with or without cause, and the employer reserves the same right to terminate my employment at any time, with or without cause, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the YMCA of the Greater Tri-Valley Chief Executive Officer.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT!

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

Immigration Reform and Control Act Requirement

In compliance with the Immigration Reform and Control Act of 1986 (and amendments), you are required to provide approved documentation that verifies your right to work in the United States prior to your employment with this company. Please be prepared to provide us with the following documentation in the event you are offered and accept employment with the YMCA (documents will be needed for Human Resources YMCA New Employee Orientation.)

Newly hired employees must complete and sign Section 1 of the USCIS Form as early as the first day of employment and no later than three days from first day of employment. Here is the newest list of acceptable documents (revised 11/30/2017):

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 	<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 	
<ol style="list-style-type: none"> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 	<ol style="list-style-type: none"> Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 	
<ol style="list-style-type: none"> Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> School ID card with a photograph 	<ol style="list-style-type: none"> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 	
<ol style="list-style-type: none"> For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 	<ol style="list-style-type: none"> Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority 	<ol style="list-style-type: none"> Native American tribal document U.S. Citizen ID Card (Form I-197) 	<ol style="list-style-type: none"> Identification Card for Use of Resident Citizen in the United States (Form I-179) 	
<ol style="list-style-type: none"> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 	<ol style="list-style-type: none"> Employment authorization document issued by the Department of Homeland Security 		

Thank you for your interest in employment with the
YMCA of the Greater Tri-Valley!



Our Focus

YOUTH DEVELOPMENT: Nurturing the potential of every child and teen.

HEALTHY LIVING: Improving the nation's health and well-being.

SOCIAL RESPONSIBILITY: Giving back and providing support to our neighbors.

Our Mission

To put Christian principles into practice through programs
that build a healthy spirit, mind, and body for all.

Vision Statement

To be the place that people think of first and come to for excellence in prevention and
development programs for strong kids, strong families, and strong communities.

Rome Family YMCA
301 W. Bloomfield St.
Rome, NY 13440
(315) 336-3500

Oneida Family YMCA
701 Seneca St.
Oneida, NY 13421
(315) 363-7788

New Hartford SACC
25 Oxford Road
New Hartford, NY 13413
(315) 797-4787

We are an Equal Opportunity Employer. Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, sexual orientation, age, marital status, national origin, ancestry, physical or mental disability, non-job-related felony conviction, veteran status or any other characteristic protected by Federal, State or Local law. Consistent with the Americans with Disability Act, applicants may request accommodation needed to participate in the application process.

YMCA Core Values

Honesty – Respect – Caring – Responsibility - Faith