



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Notice to Applicants and Employees:  
The YMCA of Western Monmouth  
County maintains a "zero tolerance" for  
abuse.**

## YMCA OF WESTERN MONMOUTH COUNTY

470 E. Freehold Road, Freehold, NJ 07728

[www.ymcanj.org](http://www.ymcanj.org)

### Application for Employment

Freehold Branch YMCA

Old Bridge YMCA

Camp Topanemus

Hightstown-East Windsor YMCA

Freehold Borough YMCA

Position(s) being applied for

\_\_\_\_\_  
*(Unspecified job applications will not be considered. Open positions are listed at all centers and on web site.)*

*Please type or print. Application must be completely filled out in order to be considered.*

#### Personal Data

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous residence if less than five (5) years: \_\_\_\_\_

City/State \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM/PM

May we contact you at work?  Yes  No

If yes, work number and best time to call (\_\_\_\_) \_\_\_\_\_ AM/PM

If you are 17 years of age or under, and it is required, can you furnish working papers?  Yes  No

If no, please explain \_\_\_\_\_

#### Employment Availability

What type position are you applying for: \_\_\_\_\_  
Full Time  Part-Time  Seasonal

When are you available *(check all that apply)?* Available start date? \_\_\_\_\_

Mornings  Days  Evenings  Weekends

Any restrictions to work hours? \_\_\_\_\_

#### Employment History

Have you ever worked at another YMCA? \_\_\_\_\_ Name of YMCA \_\_\_\_\_

Were you previously been enrolled in the YMCA Retirement Fund? \_\_\_\_\_

Provide the following information of your past and current employers or assignments, starting with the most recent

DATES	EMPLOYER and SUPERVISOR	ADDRESS and PHONE	RESPONSIBILITIES	REASON For LEAVING

**References**

List at least three character references/persons who know you well and can attest to your abilities and suitability for YMCA employment *(one reference must be a family member)*.

**Name**                      **Phone Number**                      **Relationship to you**                      **Years Known**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Non-employment Record**

Include explanation of all lapses in employment on preceding page.

From	To	Reason...
Mo. ___ Yr. ___	Mo. ___ Yr. ___	_____
Mo. ___ Yr. ___	Mo. ___ Yr. ___	_____
Mo. ___ Yr. ___	Mo. ___ Yr. ___	_____

**Additional Information**

- Do you hold current CPR certification?      \_\_\_ Yes \_\_\_ No  
Do you hold current first aid certification?      \_\_\_ Yes \_\_\_ No  
Do you hold current lifeguarding certification?      \_\_\_ Yes \_\_\_ No

List anything else (skills/experience) including volunteer experiences that would strengthen your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find us? *(if applicable)*

- Walk-in \_\_\_\_\_  
Web Page \_\_\_\_\_  
Referral \_\_\_\_\_  
Advertisement \_\_\_\_\_  
Relative \_\_\_\_\_  
Employee \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and **I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered.**

Initial \_\_\_\_\_

I expressly authorize, without reservation, the YMCA, 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, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial \_\_\_\_\_

**I understand upon offer of employment, the YMCA of Western Monmouth County will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up contingent on employment.**

Initial \_\_\_\_\_

**I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.**

Initial \_\_\_\_\_

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial \_\_\_\_\_

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. Employment with the YMCA is employment at will which means that employees may end their employment at any time, for any reason; and that the employer (YMCA of Western Monmouth County) may terminate employees at any time for any reason, with or without cause.

Initial \_\_\_\_\_

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, and

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

Signature of Applicant

Date

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***Do not sign until you have read and initialed the above statements.***