



We build strong kids,
strong families, strong communities.

YMCA of Saratoga

EMPLOYMENT APPLICATION

Ymca of Saratoga
Administrative Offices
290 West Ave.
Saratoga Springs, NY 12866
Phone: 583-9622
Fax: 581-7598
www.ymcasaratoga.org

Instructions: It is important that you fill out all sections of this application completely and to the best of your ability. Incomplete applications will NOT be considered. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition.

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Telephone (H) _____ (W) _____ E-mail address _____

What position are you applying for? _____ Minimum accepted salary: _____

How did you hear about this position? Newspaper Website YMCA employee Other _____

Have you previously worked for a YMCA? Yes _____ No _____ If yes, when? _____ where? _____

If employed and you are under 18 can you furnish a work permit? Yes _____ No _____

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

On what date would you be available to work? _____

Are you available to work Full Time _____ Part Time _____

Do you have any relatives who work for the YMCA Yes _____ No _____ If yes, what location _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If yes, describe below. (No applicant will be denied a position because of a conviction for an offense unless there is a direct relationship between the offense and the position or unless hiring would be an unreasonable risk)

If Yes, please explain

EMPLOYMENT HISTORY

Include military history, part-time, temporary, and seasonal employment

If you need additional space, please use the space for additional or explanatory information below or attach additional pages as requested.

List present or last employer first

1. Employer	Your Job Title
Address	Describe Your Work
Supervisor	
Supervisor's Title	
Telephone	
Employed From	
Employed To	
Starting Salary	Per
Ending Salary	Per
	Reason For Leaving
Account for time between jobs	

2. Employer	Your Job Title
Address	Describe Your Work
Supervisor	
Supervisor's Title	
Telephone	
Employed From	
Employed To	
Starting Salary	Per
Ending Salary	Per
	Reason For Leaving
Account for time between jobs	

3. Employer	Your Job Title
Address	Describe Your Work
Supervisor	
Supervisor's Title	
Telephone	
Employed From	
Employed To	
Starting Salary	Per
Ending Salary	Per
	Reason For Leaving
Account for time between jobs	

EMPLOYMENT STATEMENT

Use this space for additional or explanatory information or other information you consider relevant for consideration of your application for employment.

This information supplied by me in this application is complete and true to the best of my knowledge and belief. I understand that my misstatement of material facts will cause forfeiture of all my rights to any employment or result in dismissal from employment, if hired, in the service of the YMCA of Saratoga.

The YMCA will not contact former employers without your authorization. I authorize the release of any job-related information that the YMCA of Saratoga may request from the listed sources. Yes _____ No _____

Date Signed _____ Signature _____

For Department Use Only

Arrange Interview Yes _____ No _____

Remarks _____

Employed Yes _____ No _____ Date of Employment _____

Job Title _____ Hourly/Salary _____ Department _____

By _____
Name and Title Date
