



YMCA SOUTHCOST

Application for Employment

YMCA SOUTHCOST is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities. **However, ALL YMCA SOUTHCOST applicants receive a thorough criminal background investigation at the end of the hiring process.**

PLEASE PRINT LEGIBLY

Location where applying

☐ DARTMOUTH	☐ MATTAPOISETT	☐ SWANSEA	☐ ASSOCIATION
☐ FALL RIVER	☐ NEW BEDFORD	☐ WAREHAM	

PERSONAL

Last Name	_____	First Name	_____	Middle	_____	Date	_____
Address	_____					Home Telephone	_____
City State Zip	_____					Cellular Phone	_____
Email address	_____					Other Phone	_____
Have you ever applied for employment with us?	☐ YES	☐ NO	If yes, list date _____				
Position Desired	_____					Pay Expected	_____
Are you a friendly person? Please explain in detail. _____							

Aside from absence for religious observances, are you available for full time work? ☐ YES ☐ NO If no, what hours can you work? _____							
Are you over 18 years of age? ☐ YES ☐ NO If no, employment is subject to verification of age _____							
Are you legally eligible for employment in the United States? ☐ YES ☐ NO When will you be available to begin work? _____							
Please check if you hold current certifications in the following ☐ LIFEGUARD ☐ CPR ☐ FIRST AID ☐ AEROBICS							
Other special training or skills (languages, machine operation, certifications, etc) _____							

EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Graduate Y or N?	Degree or Diploma
Graduate					
College					
Business or Technical					
High School					
Elementary					

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Verifiable volunteer work will also be acceptable.

EMPLOYMENT

Company Name	Telephone
Address	Employed · state month & year
	From To
Supervisor Name	Weekly Pay
	Start Last
Job Title & Description of Work	Reason for Leaving

Company Name	Telephone
Address	Employed · state month & year
	From To
Supervisor Name	Weekly Pay
	Start Last
Job Title & Description of Work	Reason for Leaving

Company Name	Telephone
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Company Name	Telephone
Address	Employed · state month & year
	From To
Supervisor Name	Weekly Pay
	Start Last
Job Title & Description of Work	Reason for Leaving

DO NOT CONTACT	
We may contact all employers listed. Please indicate any you prefer we do not contact.	Employer(s) Reason

One reference **MUST** be a family member

REFERENCES

Name	Address	Telephone Number	Relationship

SIGNATURE

This information provided in this Application for Employment is true, correct and complete. If I am employed by YMCA SOUTHCOAST, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. **I further give my permission and authorization for YMCA SOUTHCOAST and its authorized representative to investigate my references, criminal background and employment history.** I hereby release said companies and individuals from any liability for any damage whatsoever resulting from the giving of such information.

Date	Applicant Signature
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YMCA SOUTHCOAST

Voluntary Affirmative Action Information

PERSONAL & CONFIDENTIAL

Completion of this form is voluntary

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

As required by government regulations, we ask that you complete this applicant data survey. This survey is not part of your official application for employment, is considered **confidential**, and will not be used in any employment decision. Your cooperation is appreciated. Thank you.

Name _____ Date _____

Position Applying for _____

Advertisement ☐

Employee ☐

Walk-In ☐

School ☐

Referral Source

Government Agency ☐

Employment Agency ☐

Other ☐ _____

CONTINUE BELOW

— — — — — FOLD WHEN FINISHED — — — — —

Voluntary Affirmative Action Information

Please check if applicable:

Vietnam Era Veteran ☐

Disabled Veteran ☐

Handicapped ☐

Please indicate:

Male ☐

Female ☐

NOTE: The following designations are determined by the Equal Employment Opportunity Commission and are the only ones compiled and recorded.

Please indicate:

Hispanic or Latino ☐

Black or African American ☐

Asian ☐

White ☐

Native Hawaiian or Other Pacific Islander ☐

American Indian or Alaska Native ☐

Two or More Races ☐

Signature

Thank you

Please seal and send to Human Resources for filing