



# THE GREATER MORRISTOWN YMCA EMPLOYMENT APPLICATION

www.greatermorristownymca.org • 973-267-0704 • info@morristownymca.org

The Greater Morristown YMCA:  
The Richard F. Blake Children's Center:  
The Children's Corner:  
Angela's Place:  
The Y-Zone:

79 Horsehill Road, Cedar Knolls, NJ 07927  
65 Horsehill Road, Cedar Knolls, NJ 07927  
475 South Street, Morristown, NJ 07960  
6 Saddle Road, Cedar Knolls, NJ 07927  
25 Saddle Road, Cedar Knolls, NJ 07927

Notice to Applicants and Employees, The Greater Morristown YMCA maintains a "zero tolerance" for abuse policy.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

**YMCA Mission:** To strengthen our communities by providing programs that incorporate the values of caring, honesty, respect and responsibility that build healthy spirit, mind and body for all.

The Greater Morristown YMCA considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

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

## General Information

Date of Application \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you previously worked for a YMCA? ☐ Yes ☐ No If Yes, what branch? \_\_\_\_\_ Position \_\_\_\_\_

I am interested in the following positions (check all that apply):

☐ Babysitting ☐ Lifeguard ☐ Preschool Class Instructor ☐ Camp (Seasonal)  
☐ Maintenance ☐ School Age Child Care ☐ Clerical ☐ Swim Instructor  
☐ Member Services ☐ Fitness Class Instructor ☐ Outreach Programs ☐ Youth Sports Instructor  
☐ Instructor - Style (Yoga, Step, etc): \_\_\_\_\_ ☐ Other \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No If not, will you be able to acquire a valid work permit? ☐ Yes ☐ No

Have you ever been terminated from a position? ☐ Yes ☐ No If yes please explain \_\_\_\_\_

Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense or other violation? Do not include convictions that have been annulled, expunged or sealed by a court. ☐ No ☐ Yes, explain \_\_\_\_\_

Offenses against persons or family, or public indecency? ☐ No ☐ Yes, explain \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment but will be considered in relation to the position sought.

## Employment Availability

Please indicate the hours and days you are available to work days and evenings. Facility hours vary between 5:30am - 10:00pm.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment & Volunteer History

Starting with the present or most recent, list all previous employers. Include self-employment, summer, part time jobs and all periods of unemployment. Use additional paper if necessary.

Employer Telephone ( )	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title		
Immediate supervisor and title		
Reason for leaving		
Employer Telephone ( )	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title		
Immediate supervisor and title		
Reason for leaving		
Employer Telephone ( )	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address		
Starting job title/Final job title		
Immediate supervisor and title		
Reason for leaving		

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.	
Mo.	Yr.	Mo.	Yr.	

## Education

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

## Certification (Copies will be required upon hire)

\_\_ First Aid (Expiration: \_\_\_\_\_)    \_\_ Lifeguard (Type and Expiration: \_\_\_\_\_)  
\_\_ CPR (Expiration: \_\_\_\_\_)    \_\_ CDL (Expiration: \_\_\_\_\_)  
\_\_ Fitness Certification (Type and Expiration: \_\_\_\_\_)

Why are you applying to work at the YMCA? \_\_\_\_\_

What are your qualifications for the position you are applying for? \_\_\_\_\_

What are your interests and hobbies? \_\_\_\_\_

## Personal References (one reference must be a family member)

Please list one reference who is related to you and two who are not related and have known you for at least one year.

Full Name	Phone Number and Email Address	Relationship to You	Years Known
	P: _____		
	E: _____		
	P: _____		
	E: _____		
	P: _____		
	E: _____		
	P: _____		
	E: _____		

## How did you find us? (If applicable)

\_\_ Walk-In  
\_\_ Job Fair    Which One? \_\_\_\_\_  
\_\_ Web Page  
\_\_ Referral  
\_\_ Advertisement  
\_\_ Relative  
\_\_ Employee  
\_\_ Private Employment Agency

Other \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

The above information is true and complete to the best of my knowledge. Should I be employed by the Greater Morristown YMCA, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Greater Morristown YMCA has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history, and I release all parties from any possible damages resulting from disclosing such information.

I understand that neither this application, nor my acceptance of employment with the Greater Morristown YMCA shall constitute an employment contract of any kind. Should I be employed by the YMCA, I may resign such employment at any time at my discretion with or without prior notice and the YMCA may terminate my employment at any time at its discretion, with or without cause and with or without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 Greater Morristown YMCA 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, and for cause drug testing, as well as post offer drug screening 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 (Greater Morristown YMCA) 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: \_\_\_\_\_  
**Do not sign until you have read and initialed the above statements.**

## AUTHORIZATION TO PERFORM RECORD CHECKS

I, \_\_\_\_\_, hereby authorize the Greater Morristown YMCA to obtain relevant, position related information pertaining to any charges and/or convictions I may have had for federal and state criminal and/or motor vehicle law violations. This information may include but not be limited to credit checks as well as allegations and convictions for crimes committed upon minors and will be gathered from any law-enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### For Office Use Only - Review/Approval

Reference Checks Review \_\_\_\_\_ Date \_\_\_\_\_

Authorization to Interview

Dept. Head \_\_\_\_\_ Date \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

**For any questions or to email in your application, please contact**  
**info@morristownymca.org and we**  
**will get back to you shortly.**