



SOMERSET VALLEY YMCA

APPLICATION FOR EMPLOYMENT

NAME: _____ Social Security #: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE#: _____

POSITION DESIRED: _____ SALARY EXPECTED: _____

AVAILABILITY-DAYS: _____ TIMES: _____

The information requested below will be considered only to the extent that it is directly relevant to the position for which you are applying.

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS?
 YES NO

ARE YOU A FORMER YMCA EMPLOYEE? YES NO
If YES, please list dates of employment, location, position, and reason for leaving. _____

EDUCATIONAL BACKGROUND

<u>SCHOOL</u>	<u>SCHOOL / LOCATION</u>	<u>YEARS COMPLETED</u>				<u>GRAD?</u>	<u>DEGREE</u>
		5	6	7	8		
Elementary							
High School		9	10	11	12		
College		1	2	3	4		
Graduate		1	2	3	4		
Business/Trade		1	2	3	4		
Night/ Correspondence		1	2	3	4		

REFERENCES

(Please list one relative)

1.Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

2.Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

3.Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT HISTORY

PLEASE LIST, BEGINNING WITH MOST RECENT EMPLOYER:

1. FROM _____ TO _____ POSITION: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

IMMEDIATE SUPERVISOR: _____ REASON FOR LEAVING: _____

DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ TYPE OF BUSINESS: _____

2. FROM _____ TO _____ POSITION: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

IMMEDIATE SUPERVISOR: _____ REASON FOR LEAVING: _____

DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ TYPE OF BUSINESS: _____

3. FROM _____ TO _____ POSITION: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

IMMEDIATE SUPERVISOR: _____ REASON FOR LEAVING: _____

DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ TYPE OF BUSINESS: _____

I certify to the best of my knowledge that the above statements are true and I realize that any misstatement will be grounds for immediate termination of employment. I authorize The Somerset Valley YMCA to investigate all aspects of the above-listed information, including work-related information, as to my character, general reputation and personal characteristics through all available sources including previous employers, associates or others who may have such knowledge. I may request, in writing, a complete and accurate statement as to the nature and scope of any investigation, which may be required.

APPLICANT'S SIGNATURE

DATE

Somerset Valley YMCA

Somerville Family YMCA

2 Green Street
Somerville, NJ 08876-1699
(908) 722-4567
Fax (908) 722-0036

Bridgewater Family YMCA

601 Garretson Road
Bridgewater, NJ 08807
(908) 526-0688
Fax (908) 526-0906

Hillsborough Family YMCA

19 East Mountain Road
Hillsborough, NJ 08844
(908) 369-0490
Fax (908) 369-1866

RVCC Aquatic Center

Lamington Rd. & Rt 28
Please direct all
correspondence
to Somerville