



**YMCA SOUTHCOAST**  
**Application For**  
**Employment**

YMCA Southcoast 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.

**Please Print      Location: Dartmouth      Fall River      NB      Mattapoisett      Wareham**

PERSONAL	Last Name                      First Name                      Middle			Date
	Street Address			Home Telephone (    )
	City, State, Zip			Business/Cell/Other Telephone (    )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list the date _____ )			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observances, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If not, what hours can you work?			Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, employment is subject to verification of age)
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			E-mail Address:
(Please check if you hold current certifications in the following:) <input type="checkbox"/> Life guard <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Aerobics  Other special training or skills (languages, machine operation, certifications, etc.):				

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
	Graduate					
	College					
	Business/Trade/Technical					
	High School					
	Elementary					

<b>Membership in Professional or Civic Organizations</b> <b>(Exclude those which may disclose your race, color, religion or national origin)</b>

# EMPLOYMENT

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.

1	Company Name	Telephone ( )
	Address	Employed – (state month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ( )
	Address	Employed – (state month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ( )
	Address	Employed – (state month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone ( )
	Address	Employed – (state month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicated those you do not want us to contact.	<b>DO NOT CONTACT</b>	
	Employer Number(s) _____ Reason _____	

## Professional References

Name	Address	Telephone Number	Relationship

SIGNATURE	The information provided in this Application for Employment is true, correct and complete. If you employ me, 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 the YMCA of its authorized representative to investigate my references 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	_____	_____	
	Date	Signature	