

Somerville YMCA We build strong kids, strong families, strong communities.

## **APPLICATION FOR EMPLOYMENT**

r

Name:		
Last	First	Middle
Street:		City:
State: Zip	: Phone Number: (	)
Length of time at present	address:	
Social Security No.		
Please list any other name	es under which you have worked or a	ttended school:
In case of emergency not Name:	ify:	
Address:		Phone No
Position desired:	Full or Part time:	Date able to start:
How were you referred? :	Are	you under 18 years of age? □Yes □No
Have you previously work	ed or applied for a job here? □Yes	□No If YES, when:
position.		If yes, please list the relative's name and
Name:	Position:	
Military Service: Branch	Rank	Discharge Date
Training or type of work d	one in military service:	
Have you ever been conv	icted of a felony? □Yes □No If ye	es, explain:
	ault, speeding, minor traffic violations,	ears? (Do not include a first conviction for affray or disturbance of the peace.)

(An applicant with a sealed record of entries on file with the commissioner of probation may answer "no record" to any inquiry relative to all cases of delinquency or as a "child-in-need-of-services" for which no criminal prosecution resulted.)

EDUCATION/SKILLS			
NAME OF SCHOOL	<u>CITY &amp; STATE</u>	<u>GRADUATE?</u> (Yes/No?)	WHAT DEGREE?
High School			
Trade/Technical School			
College / University			<u> </u>
Other Courses/Schooling			

WORK HISTORY	List present or most roperformed on a volum		You may include	in your work histor	y any work
DATE OF EMPLOYMENT		ADDRESS	JOB TITLE	REASON FOR LEAVING	<u>RATE OF</u> <u>PAY</u>
REFERENCES	Please list three (3) re	ferences whor	n you have known	for at least two (2)	) years.

	one reference shoud include immediate family or those people living with you.				
<u>NAME</u>	ADDRESS	<u>PHONE</u>	<b>RELATIONSHIP</b>	HOW LONG?	

Please describe any job-related skills or training not mentioned above:

## PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Somerville YMCA to make inquiries regarding my work or educational history and the character of my prior employers, schools, etc. I hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Somerville YMCA from all liability with respect to such inquiries.

I understand that no verbal promises or guarantees relating to employment are binding upon the Somerville YMCA and that, if employed, I will be an employee "at will" and may be discharged at any time for any reason, with or without cause.

Applicant's Signature: \_\_\_\_\_

Date:

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 liability. The Somerville YMCA is an Equal Opportunity Employer.