FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Westport Weston Family YMCA
Application for Employment

It is the policy of the Westport Weston Family YMCA to employ individuals without regard to a person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information, veteran status, or other characteristics protected by law. **This application must be completed in full.** Please print or write, whichever is more legible. **Answer every question.**

_____	_____	_____
Last Name	First Name	Middle Name/Initial

_____	_____	_____	_____
Address Number Street	City	State	Zip Code

E-mail Address: _____

Position(s) applied for	Date of Application
How did you learn about us? ☐ Advertisement ☐ Friend ☐ Walk-in ☐ Employment Agency ☐ Relative ☐ Other:_____	Your Telephone Number

If you are under 18 years of age, can you provide required proof of your eligibility to work (e.g. Working Papers, Student ID etc.). ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date(s) _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give dates _____ to _____

Has another YMCA ever employed you? ☐ Yes ☐ No

If yes, give dates _____ to _____

If yes, were you a participant in the Y's National Retirement Fund? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of right to work will be required upon employment.

WESTPORT WESTON FAMILY YMCA
14 Allen Raymond Lane, Westport, CT 06880
203.226.8981 www.westporty.org

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Seasonally (From _____ to _____)

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please provide details including location, city, county and state of conviction:

_____

_____

_____

PLEASE NOTE

You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to Connecticut General Statutes 46b-146, 54-76o or 54-142.

Criminal records subject to erasure pursuant to the above statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nullified; a criminal charge for which you have been found not guilty; or a conviction for which you received an absolute pardon.

Any person whose criminal records have been erased pursuant to the above statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased, and may so swear under oath.

Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location			
Years Completed (circle)	1 | 2 | 3 | 4	1 | 2 | 3 | 4	1 | 2 | 3 | 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful in considering your application			

Registered and/or graduated under what name? _____

Complete **only** if the job for which you are applying involves driving ***other than*** commuting to and from work.

Do you have a valid driver's license? ☐ Yes ☐ No
Do you have a valid Connecticut public service license? ☐ Yes ☐ No
Are there any restrictions on your ability to operate a motor vehicle? ☐ Yes ☐ No

If yes, please list _____

_____

Do you have a valid Connecticut commercial driver's license (CDL)? ☐ Yes ☐ No

Prior Address Information

Please indicate all addresses-other than the current address indicated on Page 1 – that you have used in the **last seven years**. Continue on the reverse side of page if necessary.

Street Address: _____

City: _____ State/Province: _____ Zip Code _____

Country: _____ Dates At This Address FROM: _____ TO: _____

Street Address: _____

City: _____ State/Province: _____ Zip Code _____

Country: _____ Dates At This Address FROM: _____ TO: _____

Street Address:

Street Address: _____

City: _____ State/Province: _____ Zip Code _____

Country: _____ Dates At This Address FROM: _____ TO: _____

City: _____ State/Province: _____ Zip Code _____

Country: _____ Dates At This Address FROM: _____ TO: _____

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, age, national origin, disability or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
May we contact this employer for a reference check now or after acceptance of offer?	☐ Now ☐ After	

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

Applicant's Statement

The information that I have provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any fact or circumstance in my application, resume, or any other materials I have completed or submitted or made during any of my interviews may be justification for refusal of employment or, if employed, termination of employment.

Any offer of employment I may receive is contingent upon my successful completion of the total employment screening process, including your receipt of references which are considered satisfactory, and my satisfactory completion of any pre-employment physical examination which you may require.

In processing my application for employment, I authorize the Westport Weston Family YMCA to verify all the information provided by me and obtain a consumer or investigative consumer report concerning, among other things, current and prior employment, credit history, driving record, military record, education, character, general reputation, personal characteristics, and criminal record. I understand that a report may be based on telephone or personal interviews with my present and former employers and others. I understand that I have a right to make a written request to the Westport Weston Family YMCA as to whether a consumer report or an investigative consumer report was procured and to request a complete and accurate disclosure of the nature and scope of the report.

I authorize and request all of my present and former employers to furnish information about my employment record, including the reason(s) and circumstance(s) for the termination of my employment, work performance, qualifications, abilities, and other qualities pertinent to my qualifications for my employment, including character, general reputation, and personal characteristics.

I understand that employment at the Westport Weston Family YMCA is "at will" and that if I am hired my employment and compensation can be terminated with or without cause or notice, at any time, for any reason, at the option of either the Westport Weston Family YMCA or myself. I further understand that no employee, manager, officer, or representative of the Westport Weston Family YMCA, other than the Executive Director/CEO, has any authority to enter into any agreement providing me with employment for any specified period of time, and no authority to make any written or oral employment agreement or make any representations about the terms, conditions, benefits, or privileges of employment at the Westport Weston Family Y. I further understand that any such agreement or representation, if made, shall not be valid or enforceable unless it is in writing and signed by the CEO of the Westport Weston Family YMCA.

I HAVE READ AND UNDERSTAND THE ABOVE.

_____ _____

Signature Date

FOR HUMAN RESOURCE DEPARTMENT USE ONLY