NEWPORT COUNTY YMCA

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Newport County YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests,
please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Phone No.	Home Telephone No.
CURRENT ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Business Phone No.
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
PRIOR TO PREVIOUS ADDRESS: Street Number & Name, City, Zip Code		Number of years at this address
EMAIL Address: Please Print legibly		
Can you, after employment, submit verification of your legal right to work in the United States? YES NO		
Are you over 18? If hired, do you have a reliable means of transportation to get to work? YES NO YES NO		
Have you ever been convicted of child abuse or sex-related crimes? YES NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired

Are you presently employed? ◯ YES ◯ NO If yes, may we contact your present employer? ◯ YES ◯ NO

Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein?
◯ YES ◯ NO

What interests you about this position?

Have you ever applied at the Newport County YMCA before?	Have you ever been employed by the Newport County YMCA before?
◯ YES ◯ NO If yes, when?	◯ YES ◯ NO If yes, when?

Have you ever been employed by another YMCA?
◯ YES ◯ NO
If yes are you eligible to participate in the YMCA's Retirement Plan?
◯ YES ◯ NO

How were you referred to the Newport County YMCA:
☐ Advertisement ☐ Employee Referral ☐ Walk-In ☐ Agency ☐ Other (please specify below)
(Please identify source below)

_____ Name of Employee _____

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary					
High School					
College/University					
College/University					

Highest Degree Earned
(Choose one number only): 1. High School ◯ 2. Associate ◯ 3. Bachelor ◯ 4. Master ◯ 5. Doctorate

Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.

Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.

☐ Typing/ Keyboarding _____ WPM	☐ Computer Skills, i.e Excel, Word, Access, PowerPoint	☐ Other machines requiring special skills:

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY
Company Name Phone No.		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start	Final	
Supervisor (Name & Title)				
Description of Job Duties				
Company Name Phone No.		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start	Final	
Supervisor (Name & Title)				
Description of Job Duties				
Company Name Phone No.		Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)				
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Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start	Final	
Supervisor (Name & Title)				
Description of Job Duties				

REFERENCE DATA

REFERENCES WE MAY CONTACT

Name	E-mail Address	Area Code - Phone Number
FAMILY		
FRIEND		
PROFESSIONAL REFERENCE		
EMPLOYER REFERENCE		

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Newport County YMCA is not obligated to retain or consider this application for future openings.

_____
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Newport County YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

_____
Initial

If employed by the YMCA I will abide by the Newport County YMCA policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

_____
Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

_____
Initial

If I am employed by the Newport County YMCAI understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the C.E.O. of the Newport County YMCA no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the C.E.O. of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between the Newport County YMCA and myself.

_____
Initial

My signature indicates that I have read and understand the above. ***Do not sign until you have read and initialed the above statements.***

My signature certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

_____ _____
Applicant Signature Date of Application