

Clark Memorial YMCA
155 Central Street – Winchendon, MA 01475
Employment Application

Position(s) Applied For: _____ Date of Application: _____

Last Name:	First Name:	Middle Initial:

Address:	City:	State:	Zip:

Home Phone:	Work/Cell Phone:	E-mail:

	YES	NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you ever filled out an application with us before? When?:		
Have you ever been employed with us before? When?:		
Do any of your friends or relatives, other than a spouse, work here? If yes, name and relationship:		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (<i>Proof of citizenship or immigration status will be required upon employment</i>)		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if your job requires it?		
Are you currently employed?		
May we contact your current employer?		

Best time to contact you at home: _____

What date are you available to start work?: _____

What is your desired salary range? : _____

Are you available to work: ___ Full Time / ___ Part Time / ___ Temporary

Please Indicate what times you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Personal/Professional References (include at least one family member):

	Name	Phone Number	Best time to call	Occupation
1.				
2.				
3.				

Work Experience:

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. Exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protection status.

Employer:	Dates Employed:
Address:	Phone:
Job Title:	Supervisor:
Work Performed:	
Reason for Leaving:	May we contact?:

Employer:	Dates Employed:
Address:	Phone:
Job Title:	Supervisor:
Work Performed:	
Reason for Leaving:	May we contact?:

Employer:	Dates Employed:
Address:	Phone:
Job Title:	Supervisor:
Work Performed:	
Reason for Leaving:	May we contact?:

Level of Education:

School	Name and Address	Course of Study	# of Years Completed	Diploma/Degree
High School				
Undergrad. College				
Graduate/Professional				
Other (specify)				

Application's Statement:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application investigation of all statements considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application is being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be charged by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature

Date