



YMCA

We build strong kids,  
strong families, strong communities.

# CAMP SARGENT

## YMCA of Greater Nashua

### APPLICATION FOR EMPLOYMENT

(EQUAL OPPORTUNITY EMPLOYER)

#### PLEASE READ BEFORE COMPLETING THIS APPLICATION

This Association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

### PERSONAL DATA

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_ Telephone: Home ( ) \_\_\_\_\_  
Street City State Business ( ) \_\_\_\_\_  
Are you authorized to work in the United States: Yes  No   
(If you are hired, you will be required to furnish proof of your employment eligibility.)  
Social Security Number \_\_\_\_\_ email \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_  
How many moving violations during the last 12 months \_\_\_\_ Do you currently have liability insurance? \_\_\_\_

### GENERAL

Applying for position as \_\_\_\_\_ Acceptable Salary Range \_\_\_\_\_  
 Full-time  Part-time  Temporary Notice Required \_\_\_\_\_  
At which YMCA Branch \_\_\_\_\_ Date Available \_\_\_\_\_  
If applying for seasonal work, are you available to work during the school term?  Yes  No  
Have you previously applied for employment at any YMCA?  Yes  No  
Have you worked for any YMCA?  Yes  No  
If so, when? \_\_\_\_\_ Location \_\_\_\_\_  
How were you referred to the YMCA?  
 Employee  Advertisement  School  Drop In  Agency  Other  
Name of referral source indicated above \_\_\_\_\_  
Have you ever been convicted of a crime (other than a minor traffic offense) or do you have any criminal charges pending against you? A yes answer does not necessarily disqualify you from employment.  Yes  No If yes, give dates and circumstances \_\_\_\_\_  
Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position?  Yes  No If yes, give dates and circumstances \_\_\_\_\_

## EMPLOYMENT

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_

List major duties performed in this position \_\_\_\_\_

Any supervisory experience?  Yes  No If yes, describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application?  Yes  No

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_

List major duties performed in this position: \_\_\_\_\_

Any supervisory experience?  Yes  No If yes, describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application?  Yes  No

Current, or last employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and Title of Immediate Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_

List major duties performed in this position: \_\_\_\_\_

Any supervisory experience?  Yes  No If yes, describe \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

May we contact this employer while we are considering your application?  Yes  No

## EDUCATION

High School	College	College	Trade, Night	Other

Are you presently in school?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, give expected completion date \_\_\_\_\_

List courses you are taking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not a high school graduate, indicate highest grade completed \_\_\_\_\_

If not a high school graduate, have you earned a General Educational Development (GED) or high school equivalency? \_\_\_\_\_

## SPECIAL SKILLS

Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL

List all current special licenses, permits, certifications and level or credited hours (CPR, lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

(Please provide at least three references, one of which needs to be a close family member)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	HOW LONG KNOWN

**LIST BELOW THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU \_\_\_\_\_**

### PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse policy. I have read, understand, and support the YMCA's position on the problem of child abuse.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any

prospective employer, government agency, or other party, with a legal and proper interest

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if requested, to be given by a physician or registered nurse or similar vendor selected by the YMCA, and until other documents required by law are completed, and until information given by me has been verified.

I further understand that it is this YMCA's policy to secure conviction criminal history information as a part of the pre-employment screening process. I understand that the YMCA does not condone child abusers and the YMCA will be seeking information in my background related to child abuse.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

**CONVICTIONS:** A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read the above statements and accept the same as a condition of my employment with the YMCA of Greater Nashua.

\_\_\_\_\_  
Signature of Applicant



# Candidate Release Authorization

- I. In connection with my application for employment or continued employment at \_\_\_\_\_ (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by \_\_\_\_\_ (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to \_\_\_\_\_ (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Please print other names you have used (maiden name, surname, alias name).

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex:  Male  Female Race:  Asian  Black or African American  White  Hispanic or Latino  Other

\_\_\_\_\_  
Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

\_\_\_\_\_  
Signature Today's Date  
If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

\_\_\_\_\_  
Subscribed and sworn before me:  
\_\_\_\_\_  
Notary Public Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
My Commission Expires

# Fair Credit Reporting Act Candidate Notice and Disclosure

\_\_\_\_\_ (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

\_\_\_\_\_  
Please print your full name. Last First Middle

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

\_\_\_\_\_  
Signature Today's Date

**GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**

**For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.**

I request a free copy of the report.

### **STATE LAW NOTICES:**

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

**MASSACHUSETTS:** If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

**NEW YORK:** If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

**WASHINGTON STATE:** You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.