

SILVER BAY YMCA

Application For Hourly Employment

Please submit this application to:

Personnel Department
Silver Bay
YMCA of the Adirondacks
87 Silver Bay Road
Silver Bay, NY 12874

Phone: (518) 543-8833 ext. 211
Fax: (518) 543-6733
Email: Personnel@silverbay.org

For Office Use Only:

Received _____
Hire Date _____
Position _____
Compensation \$ _____

Please read carefully and complete by printing in ink or typing.

Name: _____ Social Security #: _____
 First Middle Last

Address: _____
 Street/ PO Box City State / Country Zip

Home Telephone: _____ Work Telephone: _____

Fax Number : _____ Email Address: _____

Type(s) of work desired: _____

Wage or Salary Required: _____

Have you ever been employed by the Silver Bay YMCA? ___ Yes ___ No

If Yes, when and in what position(s) ? _____

How were you referred to Silver Bay (circle one):

- A. By your college D. Open House G. Other:
B. Advertisement E. Walk-in
C. Employment Agency F. Employee (who):

Eligibility for Employment:

I understand that, if offered a job, I will be permitted to work only upon providing the Silver Bay YMCA with documentation establishing my legal authorization for employment in the United States.

Are you legally authorized for employment as a citizen or national of the United States, a lawful Permanent Resident Alien, or an alien otherwise permitted to work in the United States? ___ Yes ___ No

Criminal Conviction Statement:

Have you ever been convicted of or pled guilty to a felony? ___ Yes ___ No

If Yes, please give details: _____

(A "yes" answer does not automatically disqualify you from employment. The date and nature of the offense, and the job you are applying for will be considered.)

Work Experience:

Starting with present or most recent, list all previous employers. Include work study, internships, self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

1. Employer: _____ Type of Business: _____

Address: _____
Street/ PO Box City State / Country Zip

Supervisor's Name: _____ Phone Number: _____

Position: _____ Base Salary: _____

Dates of Employment: _____ Brief Description of Job Duties: _____

Reason for Leaving: _____

2. Employer: _____ Type of Business: _____

Address: _____
Street/ PO Box City State / Country Zip

Supervisor's Name: _____ Phone Number: _____

Position: _____ Base Salary: _____

Dates of Employment: _____ Brief Description of Job Duties: _____

Reason for Leaving: _____

3. Employer: _____ Type of Business: _____

Address: _____
Street/ PO Box City State / Country Zip

Supervisor's Name: _____ Phone Number: _____

Position: _____ Base Salary: _____

Dates of Employment: _____ Brief Description of Job Duties: _____

Reason for Leaving: _____

Educational History:

	School Attended	City and State/Country	Dates Attended	Field of Study	Date Completed
High School or GED					
College or Technical School					
Graduate School					
Other					

Special Skills:

To be completed by applicant for office/clerical work

Typing: Yes Words per minute:
No

Dictation: Yes Words per minute:
No

Computer Skills: Hardware
Software

Please list any other skills and/or equipment/language experience you have acquired.

To be completed by applicant for maintenance/grounds work

Type of machines or equipment operated Yrs Experience

List other equipment and/or skills

Served apprenticeship: Yes Type:
No _____

Military Record:

Branch of Service: _____ Dates of Service _____

Present Military Affiliation(circle one): None Reserve(active) Reserve(inactive)

Kinds of training and duty while in service: _____

Professional/Work References

List two past supervisors and one person is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address	Phone Number	Occupation

Outside Activities:

(Exclude those indicating race, color, religion, sex, national origin, age or handicap.)

Professional memberships, certifications, or licenses held:

Past and present civic or cultural activities – include offices held:

Principal hobbies:

An Equal Opportunity Employer:

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Employment At Will:

New York State is an “employment at will” state. Therefore both the employer and the employee may generally terminate the employment relationship at any time and for any reason.

I certify that I have read and understand the above information. I certify that the information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature _____

Date _____

**Silver Bay YMCA
Statement of Mission**

To foster a lifelong sense of belonging, strengthen relationships, and nurture spirit, mind, and body for all.