



# Frost Valley YMCA

2000 Frost Valley Road • Claryville, NY • 12725-9600  
(845) 985-2291 • fax (845) 985-0056 • www.frostvalley.org



## Application for Employment

Frost Valley is an Equal Opportunity Employer; we consider applicants regardless of age, disability, gender, national origin, race, and marital status.

### PERSONAL DATA

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_  Part Time  Full Time

What date are you available for employment: Date I can start: \_\_\_/\_\_\_/\_\_\_ Date I can work until (for seasonal positions) \_\_\_/\_\_\_/\_\_\_



Are you a U.S. Citizen?  Yes  No. If not, do you have proof that you are eligible to work in the United States?  Yes  No.

*Answering yes to the following question does not constitute an automatic bar to employment. Factors such as date of office, seriousness and nature of violations, rehabilitation and position applied for will be taken into account.*

Have you been convicted of violating any laws (other than minor traffic violations)?  Yes  No. If yes, give details:

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about any disability. Please do not provide information about existence of a disability, particular accommodations or whether accommodation is necessary. these issues will bbe addressed at a later stage to the extent permitted by law.*

Yes  No  I need more information about the job's "essential" functions to respond.

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No

#### ■ Answer only if applying for summer position:

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (for jobs with minimum age requirements you may be required to submit proof of age)

Gender:  Male  Female (Information required for counselor positions only)

For Counselor position: Would you be interested in working with campers with special needs?  Yes  No



How did you find out about Frost Valley YMCA? \_\_\_\_\_



Were you ever employed here?  Yes  No If yes, when? \_\_\_\_\_ What Position?? \_\_\_\_\_

Have you applied here before?  Yes  No If yes, when? \_\_\_\_\_



CDL Driver's license number if driving motorized heavy equipment or transporting passengers in a small or large bus is required in the position for which you are applying.

Yes  No CDL Number: \_\_\_\_\_ State: \_\_\_\_\_



### HEALTH

Is there anything that prevents you from performing the essential functions of this job? (see job description)  Yes  No.

If yes, please explain:

## ■ EDUCATION

High School: \_\_\_\_\_  
Name, Address & Country of School

Highest grade completed: \_\_\_\_ Did you graduate?  Yes  No Date of leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_ (or date GED completed): \_\_\_\_/\_\_\_\_/\_\_\_\_

■  
College or University: \_\_\_\_\_  
Name, Address & Country of School

Highest grade completed: \_\_\_\_ Did you graduate?  Yes  No Date of leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_ (or date GED completed): \_\_\_\_/\_\_\_\_/\_\_\_\_

College Major: \_\_\_\_\_ Degree: \_\_\_\_\_

■  
College or University: \_\_\_\_\_  
Name, Address & Country of School

Highest grade completed: \_\_\_\_ Did you graduate?  Yes  No Date of leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_ (or date GED completed): \_\_\_\_/\_\_\_\_/\_\_\_\_

College Major: \_\_\_\_\_ Degree: \_\_\_\_\_

## ■ ADDITIONAL EDUCATION AND/OR VOCATIONAL OR TECHNICAL TRAINING INFORMATION:

School: \_\_\_\_\_

Courses taken: \_\_\_\_\_ Did you complete?  Yes  No Date of leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_

■  
School: \_\_\_\_\_

Courses taken: \_\_\_\_\_ Did you complete?  Yes  No Date of leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ■ MILITARY

Military Services dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Service duties/special training: \_\_\_\_\_

## ■ SPECIAL SKILLS

Volunteer experience: \_\_\_\_\_

Please list current certifications and expiration dates (First Aid, CPR, life Saving, EMT, etc.)

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## ■ REFERENCES

Give 3 professional work-related references and 2 personal (one of which should be a non-relative). If applying for summer counselor references can include school guidance counselor, minister, program directors.

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
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## AFFIDAVIT/ DISCLOSURE

I certify that the information provided on this employment application and any other supporting document is true and complete. I understand that any false information or omission may disqualify me from further consideration of employment, and may result in dismissal if discovered at a later date.

I understand that Frost Valley YMCA will conduct a pre-employment investigation to determine my eligibility for employment. I authorize Frost Valley YMCA to conduct any inquiries it deems necessary from former employers, and any other individuals and organizations that can provide relevant information. I hereby release such persons and organizations from any legal liability in making such statements.

I further authorize Frost Valley YMCA to make background checks with those law enforcement or governmental agencies deemed necessary. I hereby waive any right to claim that any request is an invasion of privacy since it is with my consent and it is in my interest to be considered for employment.

If employed by Frost Valley YMCA I will abide by Frost Valley 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.

I agree to submit to legally permissible drug and/or alcohol testing upon request by Frost Valley 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 Frost Valley YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by Frost Valley YMCA without prior notice to me.

I understand and agree that if I am employed, my employment would be solely an "employment at will" agreement giving Frost Valley YMCA or me the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I hereby acknowledge that I have read and understand the above statements, and that I voluntarily sign this application.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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## Statistical Information

Our Affirmative Action Program and Governmental Reporting Requirements require that you fill in the information below. The data requested is for statistical information use only and will not be used to determine your employment eligibility. All information provided is confidential and will not be shared on an individual basis with anyone.

Gender:  Male  Female

Ethnic Group:  Caucasian  
 African American  
 Asian American  
 Spanish Heritage  
 American Indian  
 Other

Handicapped:  Yes  No  
If yes, what handicap? \_\_\_\_\_

Disabled Veteran:  Yes  No

Vietnam Veteran:  Yes  No

## Background Information

Frost Valley YMCA does everything we can to ensure the safety of the people that come here. This includes making sure we hire the best staff we can. As part of this process, we check for a criminal record for every staff member we hire. In order to help us, we ask that you fill in the information below. Please print neatly and complete as thoroughly as possible.

Your full legal name: \_\_\_\_\_

Any other name you have been known as: (Please include maiden/married names, name changes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

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## EMPLOYMENT HISTORY

 Please begin with your present or most recent employer.

Most Recent Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Salary/Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact as a reference?  Yes  No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Salary/Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact as a reference?  Yes  No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Salary/Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact as a reference?  Yes  No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Salary/Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact as a reference?  Yes  No

*If you require more space, please copy page or include an attachment.*