



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.

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

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? _____

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



HEALTH

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

If yes, please explain:



REFERENCES Give 3 professional work-related references and 2 personal (not a relative). If applying for summer counselor references can include school guidance counselor, minister, program directors.

Name Address Phone Occupation

EDUCATION

High School: _____
Name, Address & Country of School

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

High School: _____
Name, Address & Country of School

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

High School: _____
Name, Address & Country of School

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

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.)

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 inquires 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: _____

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

Residence Address 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 begin with your present address and work backward to the last address you have resided at since age 18. If you require more space, please copy this page or include an attachment. 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: _____