

TODAY'S DATE \_\_\_\_\_

**LAKELAND HILLS FAMILY YMCA  
100 FANNY ROAD  
MT. LAKES, NEW JERSEY 07046  
(973) 334-2820**

LAKELAND HILLS FAMILY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER  
AND WILL NOT DISCRIMINATE ON THE BASIS OF ANY LEGALLY PROTECTED STATUS.

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
last first middle initial

ADDRESS \_\_\_\_\_  
street city state zip code

HOW CAN WE BEST CONTACT YOU? (TELEPHONE NUMBER, EMAIL ADDRESS, ETC.)  
\_\_\_\_\_

ARE YOU EITHER 18 YEARS OF AGE OR IN POSSESSION OF A WORK PERMIT?

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO IS AUTHORIZED TO WORK IN THE U.S.?

YES \_\_\_\_\_ NO \_\_\_\_\_

(IF YOU ANSWER "YES", YOU MUST COMPLETE THE I-9 FORM REQUIRED BY THE U.S.  
IMMIGRATION AND NATURALIZATION SERVICE NO LATER THAN THREE (3) BUSINESS DAYS  
AFTER YOUR DATE OF HIRE.)

**EMPLOYMENT DESIRED**

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_ VOLUNTEER \_\_\_\_\_

DATE OF AVAILABILITY \_\_\_\_\_

**BACKGROUND**

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY? \_\_\_\_\_

WHEN? \_\_\_\_\_

WERE YOU EVER EMPLOYED BY THIS COMPANY \_\_\_\_\_ WHEN? \_\_\_\_\_

IN WHAT POSITION? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES \_\_\_\_\_ NO \_\_\_\_\_

(A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. PLEASE DESCRIBE THE NATURE OF THE CONVICTION, THE DATE OF THE CONVICTION AND YOUR REHABILITATION SINCE YOUR CONVICTION.)

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

<b>EDUCATION</b>	<b>SCHOOL NAME &amp; ADDRESS</b>	<b>MAJOR OR COURSE OF STUDY</b>	<b>HIGHEST GRADE COMPLETED</b>
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>GRADUATE</b>			
<b>OTHER</b>			

**REFERENCES**

NAME AND OCCUPATION

ADDRESS

PHONE NUMBER

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FORMER EMPLOYERS**

LIST BELOW YOUR WORK EXPERIENCE (STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER) FOR THE LAST FIVE YEARS OR YOUR LAST THREE EMPLOYERS, WHICHEVER WILL PROVIDE US WITH THE MOST INFORMATION ABOUT YOU. USE THE REVERSE SIDE OF THE APPLICATION IF YOU NEED ADDITIONAL SPACE. PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN THIS SECTION. WE MAY BE CHECKING PAST EMPLOYERS AS REFERENCES.

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE EMPLOYED	NAME, ADDRESS & PHONE # OF EMPLOYER	NAME OF SUPERVISOR	STARTING POSITION	ENDING POSITION & SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

PLEASE LIST ANY OTHER JOB RELATED EXPERIENCE, SKILLS, OR ACTIVITIES, INCLUDING UNITED STATES MILITARY SERVICE EXPERIENCE, NOT DESCRIBED ABOVE, WHICH YOU WOULD LIKE US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION SOUGHT. (YOU ARE NOT REQUIRED TO LIST ANY INFORMATION WHICH MAY TEND TO REVEAL A PROTECTED CHARACTERISTIC AS SET FORTH IN THE EEO STATEMENT ABOVE.)

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**APPLICANT’S STATEMENT**

I understand that my misstatement, omission or misleading information given in my application or interview or in connection with other Company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal from employment.

I authorize an investigation of all statements contained in this application for employment.

I authorize the release of my motor vehicle report if I drive YMCA vehicles.

I release from all liability and responsibility all persons and entities, requesting or supplying information about my information provided on this application, including my present employer.

I understand that if employed by the Lakeland Hills Family YMCA, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. No statement whether written or oral, by my Company representative other than a written statement signed by the President may vary the foregoing.

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DATE

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SIGNATURE OF APPLICANT

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

AFTER DISCUSSING THE POSITION FOR WHICH YOU HAVE APPLIED WITH A LAKE LAND HILLS YMCA REPRESENTATIVE, PLEASE ANSWER THE FOLLOWING QUESTION.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

YES \_\_\_\_\_ NO \_\_\_\_\_