



New Britain-Berlin YMCA
APPLICATION FOR EMPLOYMENT

(Please Print)

Date _____

Name _____
 (last) *(first)* *(initial)*

Soc. Sec. No. _____

Address _____

Phone _____

1. Position for which you are applying _____
2. Wage or salary expected _____
3. Would you work: Full time _____ Please specify days/hours if part time:
 Part time _____
4. Have you been previously employed by New Britain – Berlin YMCA? _____
 If yes, when? _____
5. Consistent attendance and punctuality are essential requirements of every job with this agency. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the New Britain – Berlin YMCA? YES or NO If yes, please explain: _____

6. Have you ever been convicted of any violation of law other than minor traffic rules? Yes or No
 If yes, please explain: _____

RECORD OF EDUCATION

<i>School</i>	<i>Name & Address of School</i>	<i>Years Attended</i>	<i>Date Graduated</i>	<i>Course or Major</i>
High School				
College				
Other				

WORK EXPERIENCE (Last employer first.)

<i>Name & Address of Employer and Type of Business</i>	<i>From month /year</i>	<i>To month /year</i>	<i>Briefly Describe Your Work</i>	<i>Salary</i>	<i>Reason for Leaving</i>

**Attach additional sheet if necessary*

Have you ever been discharged from any employment or asked to resign? Yes or No. If yes, please explain: _____

PERSONAL REFERENCES Please list three references, other than relatives, who know your character and work habits

<i>Name and Occupation</i>	<i>Address</i>	<i>Phone</i>

CLOSE FAMILY MEMBER (Please provide the name of one Close Family Member to be contacted in case of an emergency.)

<i>Name</i>	<i>Address</i>	<i>Phone</i>

The facts set forth in my application for employment are true and correct. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Date _____

Signature _____

NEW BRITAIN-BERLIN YMCA

I hereby authorize INFORMATION MANAGEMENT SYSTEMS, INC., and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment/tenancy purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residences: employment history records from any criminal justice agency in any or all federal, state, county jurisdictions: birth records: motor vehicle records to include traffic citations and registration: and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to INFORMATION MANAGEMENT SYSTEMS, INC., and its agents. I further authorize the complete release of any records of data pertaining to me which the individual, company, firm, corporation, or public agency may have, and to include information or data received from other sources.

I hereby release INFORMATION MANAGEMENT SYSTEMS, INC., the Social Security Administration, and its agents, official, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

PRINT NAME: (first/middle/last) _____

FORMER NAME(S) AND DATES USED: _____

CURRENT ADDRESS: (street) _____
(city) _____ (state) _____ (zip) _____

PREVIOUS ADDRESS: (street) _____
(city) _____ (state) _____ (zip) _____

PREVIOUS ADDRESS: (street) _____
(city) _____ (state) _____ (zip) _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____

TELEPHONE #: (_____) _____ - _____

DRIVER'S LICENSE NUMBER/STATE: _____ / _____

SIGNATURE: _____ DATE: ____ / ____ / ____