

**MERIDEN YMCA
APPLICATION FOR EMPLOYMENT**

Date _____

Name _____ Soc. Sec. No. _____
(last) (first) (initial)

Address _____ Phone _____

Do you have any physical condition that would keep you from performing the position for which you are applying? _____ If yes, please describe _____

Have you had a major illness in the past 5 years? _____ If yes, please describe _____

Would you undergo a physical examination at our expense if asked? _____

Position for which you are applying _____

Wage or salary expected _____ Department _____ Supervisor _____

Would you work: Full time _____ Please specify days/hours if part time

Part time _____

Were you previously employed by us? _____ If yes, when? _____

Have you ever been employed by a YMCA? _____ If yes, which? _____

Were you ever enrolled in the YMCA Retirement Fund? _____

Have you ever been convicted of a crime? _____ If yes, describe in full _____

RECORD OF EDUCATION

SCHOOL	Name & Address of School	Years Attended	Date Graduated	Course or Major
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Elementary

High School

College

Other

WORK EXPERIENCE (Last Employer First)

Name & Address of Employer And Type of Business	From mo./yr.	To mo./yr.	Briefly Describe Your Work	Salary	Reason For Leaving
1. _____					
2. _____					
3. _____					

*Attach additional sheet if necessary

PERSONAL REFERENCES (All previous employers are considered as references unless specific advice to the contrary accompanies this application. Please list below three additional person who may be contacted.)

Name and Occupation	Address	Phone

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 _____

(You do not need to fill out the following unless hired.)

Date of Birth _____ Height _____ Weight _____ lbs.
 Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
 Full Name of Husband/Wife _____
 Does your Husband/Wife work? _____ If so, where? _____
 No. of dependents, including yourself _____ Children's ages _____
 Are you a citizen of the U.S.A.? _____
 Person to be notified in case of accident or emergency _____
 Address of the above person _____ Phone _____