



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**OLD COLONY Y
APPLICATION FOR EMPLOYMENT
AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

Applications are considered for positions without regard to race, color creed, religion, sex, marital status, sexual orientation, age, genetic makeup, handicap, disability, national origin, ancestry, Vietnam Veteran era status or handicapped veteran status. No question used on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

PLEASE PRINT

Name _____
Last First Middle

Position(s) applied for _____ Date of Application _____

Location _____

Referral Source: School Employee Old Colony Y Website
 Walk In YMCA National Vacancy List Advertisement – Source _____
 Job Fair Friend Other _____

Name of person who referred you _____

LOCATIONS – PLEASE CHECK

BROCKTON:

- | | | |
|--|--|---|
| <input type="checkbox"/> Association Office | <input type="checkbox"/> East Bridgewater Family Y | <input type="checkbox"/> Community Based Child Care |
| <input type="checkbox"/> Central Branch | <input type="checkbox"/> Camp Satucket | (Multiple Locations) |
| <input type="checkbox"/> Camp Massasoit | <input type="checkbox"/> Middleboro Branch | <input type="checkbox"/> Easton Family Y |
| <input type="checkbox"/> Youth Branch | <input type="checkbox"/> Camp Yomechas | <input type="checkbox"/> Taunton Branch |
| <input type="checkbox"/> Boys Residential Programs* | <input type="checkbox"/> Plymouth Branch | <input type="checkbox"/> Fall River/New Bedford Programs* |
| <input type="checkbox"/> Girls Secure Detention Unit* | <input type="checkbox"/> Camp Clark | <input type="checkbox"/> YouthBuild Fall River |
| <input type="checkbox"/> Transition House* | <input type="checkbox"/> Stoughton Branch | <input type="checkbox"/> Community Services |
| <input type="checkbox"/> Family Life Center/
David Jon Louison Center | <input type="checkbox"/> Camp Striar | <input type="checkbox"/> Brockton <input type="checkbox"/> Quincy <input type="checkbox"/> Bourne |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Brewster Treatment Program* | <input type="checkbox"/> STRIVE Program- Lowell* |
| <input type="checkbox"/> Adult Community Resource Center | | |
| <input type="checkbox"/> YouthBuild / City Pride | | |
| <input type="checkbox"/> Mental Health Clinic | | |

***Must be 21 years or older to work at all DYS/DCF residential programs.**

PERSONAL INFORMATION

NAME _____
 Last First Middle
 Address _____
 Street City State Zip Code
 Telephone Number _____ Email _____

Were you ever previously employed by any Branch or Program of the Old Colony Y? Yes No

If yes, when? _____ Position Held _____

Are you related to anyone who is employed by any Branch or Program of the Old Colony Y? Yes No

If yes, Name _____ Branch/Program _____
 Relationship _____ (Relatives cannot report to one another, according to Old Colony Y policy)

Are you legally authorized to work-in the United States? Yes No (Proof of U.S. Citizenship or immigration status will be required upon employment).

Are you less than 18 years of age? Yes No If yes, can you furnish an Educational Certificate? Yes No

Date available for work _____

Type of work desired _____ Full Time _____ Part Time _____ Temporary _____ Seasonal _____ Educational Co-op
 (Please Check) _____ Days _____ Nights _____ Evenings _____ Weekdays _____ Weekends

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below. Please list information here which covers at least your last four years of employment even if your resume is attached. If you need to include additional information please use reverse side.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title	Hourly Rate			
Immediate Supervisor and Title		Starting		
Reason for Leaving	Hourly Rate/Salary			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Final		
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title	Hourly Rate			
Immediate Supervisor and Title		Starting		
Reason for Leaving	Hourly Rate/Salary			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Final		
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title	Hourly Rate			
Immediate Supervisor and Title		Starting		
Reason for Leaving	Hourly Rate/Salary			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Final		

EDUCATIONAL BACKGROUND

Please provide School Name and Address	High School	Technical School	College/University	Graduate/Professional
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree License/Certificate Received				

List any foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

Skills and Qualifications – Describe any specialized training, skills, licenses, certificates and/or personal characteristics that may qualify you as being able to perform job-related functions for the position which you are applying, including expiration dates.

References

List name, address, telephone number and occupation of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you. Work/volunteer references are preferred.

Name	Address	Occupation	Telephone	Years Known
1			Area Code ()	
2			Area Code ()	
3			Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal race, color, creed, religion, sex, marital status, sexual orientation, age, genetic makeup, handicap, disability, national origin, ancestry, Vietnam veteran era status or handicapped veteran status.)

Organization	Offices Held

List special accomplishments, publications, and awards. (Exclude information which would reveal race, color, creed, religion, sex, marital status, sexual orientation, age, genetic makeup, handicap, disability, national origin, ancestry, Vietnam veteran era status or handicapped veteran status.)

List any additional information you would like us to consider.

PLEASE READ CAREFULLY AND SIGN BELOW

If you are hired, the Old Colony Y is required to verify your eligibility for employment in the United States. Therefore, you will be responsible for submitting data required by the Department of Homeland Security within 3 days of the date employment begins. A list of acceptable documents may be obtained from Department Executives or the Human Resources Department. The Old Colony Y does not retain these documents.

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsifications, misrepresentations or omission of facts called for in this application or set forth in any document in connection with this application may result in denial of employment or immediate dismissal. I understand that completing this application creates no rights, express or implied, to employment with the Old Colony Y.

I authorize the Old Colony Y to make an investigation to ascertain any and all information which may be pertinent to my employment qualifications. In consideration of the Old Colony Y's review of this application, I release the Old Colony Y and all providers of such information from any liability as a result of furnishing and receiving such information. I understand that any offer of employment with the Old Colony y is contingent on a satisfactory investigation of my references.

I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, I acknowledge that the Old Colony Y will be free to terminate my employment at any time, with or without cause. No promises or guarantees have been made to me relating in any way to the length of my employment. I understand that no such promise or guarantee is binding unless made in writing and signed by the President and Chief Executive Officer of the Old Colony Y.

I understand that if offered employment, I must meet job-related physical requirements established by the Old Colony Y and furnish acceptable evidence of appropriate job-related academic transcripts, licenses, certifications and date of birth. I understand also, that I am required to abide by all rules and regulations of the Y. I understand that my work location, schedule and hours of employment are subject to change to meet the needs of the Old Colony Y.

USE OF A LIE DETECTOR TEST

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”

Applicant Name (Please Print)

Signature of Applicant

Reference Check Claim-Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification Of Accuracy Of Statements Made in Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the Old Colony Y), is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with the Old Colony Y, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the Old Colony Y). I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide the Old Colony Y with any information requested that may be relevant and useful to the Old Colony Y in making a hiring decision. I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted by law, to release.

Initials _____ (not initialing this section **does not** disqualify applicant from consideration for employment)

C. Contact With Current Employer:

I DO _____/DO Not _____ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____ (not initialing this section **does not** disqualify applicant from consideration for employment)

Date: _____ Signed: _____

Print Name: _____