



Learning Center / After School Care Program Employment Application

The South Shore YMCA is an equal opportunity employer and will consider all applicants including all qualified individuals with a disability for all positions equally without regard to their race, gender, sexual orientation, age, color, religion, national origin, veteran status, or any other legally protected status. This application will be given every consideration, but its receipt does NOT imply that the applicant will be offered employment. 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.

Position Desired:	Date:
Are you seeking: Full Time ____ Part Time ____	
If part time, hours desired:	
Date available to start:	
Salary desired:	

P E R S O N A L	Last Name: _____ First: _____ M.I. _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Home Phone: () _____ If you are under 18 yrs of age, can you provide proof of eligibility to work? Yes No
	Email address: _____
	Are you legally eligible for employment in the United States? Yes ____ No ____ (proof of citizenship or immigration status will be required upon employment)
	Have you ever been convicted of a felony? Yes ____ No ____

E D U C A T I O N	School	Name and Location	# of Years Completed	Did you Graduate?	Degree/Diploma
	Graduate				
	College				
	Technical				
	High School				
	Elementary				

Membership in Professional, Trade Groups, or other organizations that you consider relevant to your ability to perform this work. (exclude those which may disclose your race, color, religion, national origin, sex, age, handicap, or other protected groups)

<h2 style="margin: 0;">Work Experience</h2> <p style="margin: 0;">(Include any VOLUNTEER work)</p>	<p style="margin: 0;">Please list both Full-time and Part-time positions starting with your present or most recent employer.</p>
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1	Company Name:	Telephone: ()
	Address:	Employment Dates: From To
	Supervisor:	Weekly Pay: Start Last
	Job Title/Description:	Reason for Leaving:

2	Company Name:	Telephone: ()
	Address:	Employment Dates: From To
	Supervisor:	Weekly Pay: Start Last
	Job Title/Description:	Reason for Leaving:

3	Company Name:	Telephone: ()
	Address:	Employment Dates: From To
	Supervisor:	Weekly Pay: Start Last
	Job Title/Description:	Reason For Leaving:

References- Our policy is to conduct at least three reference checks on all potential employees. Please provide the name, telephone number, and relationship to you, of three professional references.

- 1. Name: _____ Telephone Number: _____ Relationship: _____
- 2. Name: _____ Telephone Number: _____ Relationship: _____
- 3. Name: _____ Telephone Number: _____ Relationship: _____

Have you previously been employed by any other YMCA? Yes _____ No _____

If yes, which branch? _____ Dates Employed: _____

Have you previously participated in the YMCA Retirement Fund? Yes _____ No _____

S I G N A T U R E	<p>The information provided in this employment application is true, correct, and complete. If employed, I understand that any misstatement or omission of fact on this application may result in my dismissal. I give the South Shore YMCA permission to investigate all information concerning my application in order to determine my qualifications for employment. I understand that any offer of employment may be rescinded if the results of the investigation are unacceptable to the South Shore YMCA and its sole discretion. Applicant understands and agrees that any offered employment shall be employment at will. Either employer or employee may terminate employment at any time with or without cause.</p> <p>Signature: _____ Date: _____</p>
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South Shore YMCA SORI Request Form

SORI REQUEST FORM

The Commonwealth of Massachusetts Sex Offender Registry Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.* All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (Please Print CLEARLY)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

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

ADDRESS: _____

Applicant/Employee Signature

REQUESTED BY: _____
SIGNATURE OF SORI AUTHORIZED EMPLOYEE