



SAMUEL FIELD Y
"The Everybody Place"

Bay Terrace Center

212-00 23rd Avenue
 Bayside, N.Y. 11360

Phone: (718) 423-6111
 Fax: (718) 423-9850
 SamFieldY@aol.com

APPLICATION FOR EMPLOYMENT

Date: _____

Position Applying For: _____

Program Desired: _____

Name _____

Address _____ Zip _____

Social Security No. _____

Telephone No. _____

E-mail Address _____

If applying for part-time,
 check time available:

Sat ___ Sun ___ Mon ___
 Tues ___ Wed ___ Thurs ___ Fri ___

Mornings ___ Afternoons ___ Evenings ___

Are you willing to work full time?

Yes ___ No ___

Are you over the age of 18?

Yes ___ No ___

If no, please state age: _____

All applicants must furnish proof of citizenship or legal authorization to work in the U.S.

College Graduate & Professional School Attended	From Mo. & Yr.	To Mo. & Yr.	Did you graduate?	Degree Obtained	Major Field

ADDITIONAL INFORMATION:

Have you previously been employed by the Samuel Field YM&YWHA, Inc. in any one of its programs?

Yes ___ No _____. If yes, date: _____, program _____.

Have you ever completed an application for employment by the Samuel Field YM&YWHA, Inc. in any one of its programs?

Yes ___ No _____. If yes, date: _____, program _____.

Do you have any relatives that are currently employed at the Samuel Field YM&YWHA, Inc. in any one of its programs?

Yes ___ No _____. If yes, program _____.

Have you ever been convicted of a crime? Yes ___ No _____. If yes, date of conviction: _____.

Please fully explain the nature of the conviction. _____

A criminal conviction is not an absolute bar to employment. The Samuel Field YM&YWHA, Inc. will consider other factors such as years since the offense, seriousness and nature as it relates to the position applied for and rehabilitation since the conviction.



The Samuel Field YM&YWHA, Inc. will reasonably accommodate individuals with a disability in employment as well as in the application process. Please notify the Personnel Department what accommodation you require, if any.

FORMER EMPLOYERS – List below last four employers, starting with the last one first.

Date: Month & Year	Name, Address & Telephone No. of Employer	Position	Supervisor's Name	Reason for Leaving

Describe responsibilities of position listed above, following **numerical order**. If more space is needed, attach an additional sheet.

1. _____
2. _____
3. _____
4. _____

REFERENCES – Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone No.	Business	Years Acquainted

QUALIFICATIONS

Do you hold a professional License in New York State/New York City? Yes _____ No _____.
 License No. _____ Type _____ Exp. Date _____

Have you ever been denied a professional license in any jurisdiction or had one suspended or revoked in New York or any other jurisdiction? Yes _____ No _____.

Do you hold a personal/professional certification? Yes _____ No _____.
 Certifying Entity _____ Location _____
 If yes, Certification/Registration No. _____ Type _____ Exp. Date _____

EMPLOYMENT AGREEMENT & CONSENT TO BACKGROUND CHECK

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or omission of facts in my application will be cause for my rejection or dismissal, regardless or when such omission or false statements are discovered.

I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to the Samuel Field YM&YWHA, Inc. or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, the Samuel Field YM&YWHA, Inc. will make available to me the nature and scope of all reports of every type obtained.

Please Print

Signature

Date

For Staff Under 18:

I have read and accept the conditions of my son/daughter's, _____ employment application with the Samuel Field YM&YWHA, Inc.

Parent's Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY POLICY

In accordance with Federal Law, discrimination is prohibited for service or for employment because of race, religion, creed, marital status, color, national and ethnic origin, sex, age, disability, sexual orientation or citizenship. This is in regard to all employment decisions including but not limited to recruitment, hiring, compensation, training, promotion, termination, and all other terms, conditions and privileges of employment.

Do not write below this line.

Interviewed by: _____ Date: _____

Remarks: _____

Notes on Reference Checks: _____

Program Assigned to: _____ Position: _____ Starting Date: _____ Salary Wages: _____

Approved: _____ Program: _____
Program Director

Approved: _____ Date: _____
Program Executive