



New Britain-Berlin YMCA
APPLICATION FOR EMPLOYMENT

(Please Print)

Date _____

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

Soc. Sec. No. _____

Address _____

Phone _____

1. Do you have any physical condition that would keep you from performing the position for which you are applying? _____ If yes, please describe _____
2. Have you had a major illness in the past 5 years? _____ If yes, please describe _____
3. Would you undergo a physical examination at our expense if asked? _____
4. Position for which you are applying _____
5. Wage or salary expected _____ Dept. _____ Supervisor _____
6. Would you work: Full time _____ Please specify days/hours if part time:
 Part time _____
7. Were you previously employed by us? _____ If yes, when? _____
8. Have you ever been convicted of a crime? _____ If yes, describe in full _____

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>
Elementary				
High School				
College				
Other				

WORK EXPERIENCE (Last employer first.)

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

**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 persons who may be contacted.)

Name and Occupation	Address	Phone

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

Name	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 _____
 Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
 Full Name of Husband/Wife _____
 Does your Husband/Wife work? _____ If so, where? _____
 Number 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 _____

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: ____ / ____ / ____