

**Application for
Employment**

Colonie Youth Center
272 Maxwell Road, Latham, NY 12110



Position (s) applied for	Date of application	Date available for work
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer		

Please check all that apply:

School Age Child Care (all positions are Monday - Friday unless accompanied with a school schedule indicating otherwise)

Supervisor Assistant Supervisor Counselor Assistant Counselor (ages 16-17)

<input type="checkbox"/> Before School (circle one) 6:45-8:15 6:45-8:45 6:45-9:15	<input type="checkbox"/> After School (circle one) 2:00-6:00 2:30-6:00 3:00-6:00	Preferred Location (circle one) North Colonie South Colonie
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Summer Camp

Director Assistant Director Lifeguard Counselor Water Safety Instructor Health Care Consultant

Rudy A. Ciccotti Family Recreation Center

Program Instructors Referees Fitness Instructor Personal Trainer Child Care Staff Lifeguard
 Swim instructor Member Services Other (Please specify):

Administrative Office (Please specify):

Personal Information

Name	LAST	FIRST	M.I.
Present Address	STREET	CITY	COUNTY STATE ZIP CODE PHONE
Permanent Address	STREET	CITY	COUNTY STATE ZIP CODE PHONE
Social Security Number	If necessary, the best time to call you at home is		
May we contact you at work?	If yes, work number and best time to call	e-mail address	
<input type="checkbox"/> YES <input type="checkbox"/> NO	() TIME	cell phone number	
If you are under 18, can you furnish a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you filled out an application at CYC before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed at CYC before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give dates: from to	
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof of identity & eligibility will be required upon employment.)			

Job Requirements

Upon offer of employment, if required, would you undergo a physical examination?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Upon offer of employment, if required, would you undergo a drug screening?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of a felony in the last seven (7) years? (A conviction will not necessarily result in the denial of employment, unless job related)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: _____	

Education, Licenses & Certification



- A. List last three (3) schools attended, *starting with last one*. B. List number of years completed.
 C. Indicate degree or diploma earned, if any. D. Major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE/ DIPLOMA	D. DEGREE MAJOR	D. DEGREE MINOR

Training and Certification

Check all **valid** training certifications listed below that apply, and list the expiration date.

	Valid (check one)	Expiration Date
Basic first aid card	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
CPR (cardio pulmonary resuscitation) card	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
M.A.T. (Medication Administration Training) card	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
RTE (Respond To Emergencies) card	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
WSI (Water Safety Instructor) certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Lifeguarding certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Please list other licenses and/or training certifications you have acquired, (if applicable):	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

References

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors.
 For students only, you may list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() - -	
	() - -	
	() - -	

List professional, trade, business or civic associations and any offices held which you consider relevant to your ability to perform the job for which you are applying. (Exclude memberships which may reveal race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, disability, or any other legally protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, or any additional information you would like us to consider.

Statements & Signatures



Medical Statement

I understand that as a requirement of employment in a School-Age Child Care program, I must submit documentation that I have received a complete health examination. Such documentation must be on forms supplied by the Colonie Youth Center, and must be received prior to beginning employment.

Applicant's Signature: _____

Date: _____

Applicant's Statement

In accordance with Section 390-B of the Social Services Law, I certify that to the best of my knowledge and belief that I (circle one) Have / Have Not been convicted of a crime in New York State or in any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of the conviction, and any other relevant information on an attached document. I understand that failure to truthfully accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the said conviction(s) may constitute grounds for dismissal.

Applicant's Signature: _____

Date: _____

In signing the application, I certify that all of the foregoing information is a complete and accurate statement of the facts and I understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize the Colonie Youth Center to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. I understand and agree that, if employed by the Colonie Youth Center, I will abide by its rules and regulations, which I understand, are subject to change.

Applicant's Signature: _____

Date: _____



Colonie Youth Center
272 Maxwell Road, Latham, NY 12110
www.coloniyouthcenter.org

For Office Use Only

Date Received: _____

References Checked: YES NO

Interview Date: _____

Time: _____

Referred by: _____