



COLONIE YOUTH CENTER, INC.

15 AVIS DRIVE LATHAM, NY 12110
EMPLOYMENT APPLICATION

Colonie Youth Center, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, military status or any other status protected under local, state or federal laws.

Instructions: It is important that you fill out all sections of the application completely and to the best of your ability.

Date of Application _____ Date available to start work _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Mailing Address _____
(if different from above) Street City State Zip Code

Telephone: (Home) _____ (Cell) _____ (Work) _____

E-mail address _____ May we contact you at work? Yes No

What position are you applying for? Please check all that apply:

1. School Age Child Care Program Positions; (all positions are Monday – Friday)

- Supervisor Assistant Supervisor Counselor/Assistant Counselor (must be at least 16 yrs. old)

Check availability:

Before School (circle one)

6:45am – 8:15am 6:45am– 8:45 6:45- 9:15

After School (circle one)

2:00-6:00 2:30- 6:00 3:00-6:00

Preferred Location (circle one)

North Colonie South Colonie

Circle Days Available:

Before-School: Mon. Tues. Wed. Thurs. Fri.

After-School: Mon. Tues. Wed. Thurs. Fri.

2. Summer Camp Positions:

- Director Assistant Director Lifeguard Counselor Water Safety Instructor

3. Other (please specify) _____

> If employed and you are under 18 can you furnish a work permit? Yes No

> Type of employment desired: Full-time Part-time Seasonal

> Are you legally eligible for employment in the United States? Yes No (proof of identity & eligibility required upon employment)

> How did you hear about this position? Newspaper Website CYC employee _____
 (Name of employee)
 Other please specify _____

> Have you ever been convicted of a felony? Yes No

If yes, describe below. (No applicant will be denied a position because of a conviction for an offense unless there is a direct relationship between the offense and the position or unless hiring would be an unreasonable risk)

> Have you previously worked for CYC? Yes No If yes, give dates: _____

> Can you with or without reasonable accommodation perform the essential functions of this job? (If you have questions about the functions of the job, please ask the interviewer before answering this question.) Yes No

> Upon offer of employment, would you undergo a physical examination? (Only required for the School Age Child Care program) Yes No

EDUCATION

Starting with your most recent school attended, provide the following information:

SCHOOL	NO. YEARS COMPLETED	DEGREE/ DIPLOMA	DEGREE MAJOR	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	_____
Lifeguard 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 business/work references who are not related to you.
 For students only, you may list three school or personal references who are not related to you.

Name	Address	Telephone	Relationship	Years Known

EMPLOYMENT HISTORY

List your last three (3) employers, starting with the most recent, including military experience.
 Explain any gaps in employment in the comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		from	to	
Address				
Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		from	to	
Address				
Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		from	to	
Address				
Job Title				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Comments (including explanation of any gaps in employment) _____

Skills & Qualifications

Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with our company.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Colonie Youth Center, Inc. (hereinafter referred to as "CYC") that such employment with CYC is at will, for no specified duration and may be terminated by either CYC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of CYC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of CYC except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director. In consideration for employment with CYC, if employed, I agree to conform to the rules, regulations, policies and procedures of CYC at all times and understand that such obedience is a condition of employment. I understand that due to the nature of CYC business, attendance and punctuality are considered essential requirements of every job at CYC and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with CYC, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CYC and/or any representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

READ AND COMPLETE THE FOLLOWING IF YOU ARE SEEKING EMPLOYMENT IN THE SCHOOL-AGE CHILD CARE PROGRAM.

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.

Type of Crime	Penal Code Section	Date of Conviction (mm dd yyyy)	County or Court of Arraignment
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's
Signature: _____

Date: _____