



# the KEENE FAMILY YMCA

## APPLICATION FOR EMPLOYMENT

| Name | First Name | Last Name | Date of Birth | Social Security # |
|------|------------|-----------|---------------|-------------------|
|------|------------|-----------|---------------|-------------------|

| Address Home | Street | City | State | Zip |
|--------------|--------|------|-------|-----|
|--------------|--------|------|-------|-----|

| Address School | Street | City | State | Zip |
|----------------|--------|------|-------|-----|
|----------------|--------|------|-------|-----|

| Phone #'s | Home # | Work # | Cell # | E-Mail |
|-----------|--------|--------|--------|--------|
|-----------|--------|--------|--------|--------|

| Employment Eligibility | Are you legally eligible for employment in the United States? ___ Yes ___ No<br>Have you ever been convicted of a felony, child abuse or sex related crime? ___ Yes ___ No |
|------------------------|--|
|------------------------|--|

| Position for which you are applying |  | Dates & Hours Available to Work |  | Wage Desired |  |
|-------------------------------------|--|---------------------------------|--|--------------|--|
|                                     |  | Full or Part Time               |  |              |  |

Have you ever applied for employment with the Keene Family YMCA before? \_\_\_ Yes \_\_\_ No  
 Have you ever been employed by the Keene Family YMCA before? \_\_\_ Yes \_\_\_ No  
 Have you ever been enrolled in the YMCA Retirement Program, here or at any YMCA? \_\_\_ Yes \_\_\_ No  
 How did you hear about the Keene Family YMCA or the position? \_\_\_\_\_  
 Were you referred by anyone? \_\_\_\_\_

The Keene Family YMCA asks that you provide your ethnicity on this application. This information is collected at the request of the USDA in compliance with the terms of contract regarding the loan to build the new facility. The purpose is to ensure that the Keene Family YMCA prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability marital or family status and that the Keene Family YMCA is an equal opportunity employer. Please circle your optional response.

|                    |                                |       |                           |   |       |
|--------------------|--------------------------------|-------|---------------------------|---|-------|
| Hispanic or Latino | American Indian/Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White |
|--------------------|--------------------------------|-------|---------------------------|---|-------|

## EDUCATION

| School Name & Location | Dates Attended | Graduate? Y or N & Year | Course of Study |
|------------------------|----------------|-------------------------|-----------------|
| High School            |                |                         |                 |
| College                |                |                         |                 |
| Trade School           |                |                         |                 |
| Graduate School        |                |                         |                 |

Certifications, Volunteer Activities, Membership in Professional or Civic Organizations:

the KEENE FAMILY YMCA ● 38 Roxbury St. Keene NH 03431 ● Tel: (603)352-6002 ● Fax: (603) 355-8018  
 Our mission: To put Christian principles into practice through programs that build healthy spirit, mind and body.

## WORK HISTORY

**Please provide an accurate, complete, full & part-time record of past employment starting with your most recent employment:**

|                         |   |            |
|-------------------------|---|------------|
| Company Name            | Telephone   |            |
| Address                 | Dates of Employment<br>From this Date <span style="float: right;">To this date</span> |            |
| Name of Supervisor      | Weekly Pay  | Final Rate |
|                         | Starting Pay  |            |
| Job Title               | Reason for Leaving  |            |
| Job description/ Duties |   |            |

|                         |   |            |
|-------------------------|---|------------|
| Company Name            | Telephone   |            |
| Address                 | Dates of Employment<br>From this Date <span style="float: right;">To this date</span> |            |
| Name of Supervisor      | Weekly Pay  | Final Rate |
|                         | Starting Pay  |            |
| Job Title               | Reason for Leaving  |            |
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|                         |   |            |
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|                         |   |            |
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| Company Name            | Telephone   |            |
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| Name of Supervisory     | Weekly Pay  | Final Rate |
|                         | Starting Pay  |            |
| Job Title               | Reason for Leaving  |            |
| Job description/ Duties |   |            |

## REFERENCES

|      |       |         |
|------|-------|---------|
| Name | Phone | Address |
|      |       |         |
| Name | Phone | Address |
|      |       |         |
| Name | Phone | Address |
|      |       |         |

**May we contact present and past employers to inquire on your job history? Y or N**

The information provided in this application for employment is true, correct and complete. I understand that if hired, any false statement or omission of fact from this application may result in my dismissal. I agree to submit to a legally permissible criminal background check and that the results of this check may be used determine my eligibility for employment or continued employment with the Keene Family YMCA. I understand that all employees, except those employed pursuant to a written contract of a specific term, are employed "at-will" and may be terminated at time at the discretion of the company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# ECONOMIC DEVELOPMENT

## Cheshire County FAMILY INCOME VERIFICATION FORM - 2011

MUNICIPALITY: \_\_\_\_\_ APPLICANT NAME: \_\_\_\_\_  
 NAME OF BUSINESS: \_\_\_\_\_ POSITION BEING APPLIED FOR: \_\_\_\_\_  
 ADMINISTRATOR: \_\_\_\_\_ CURRENTLY EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

The Above Business has benefited from funding provided to the Municipality, above, by the Community Development Block Grant (CDBG) program. The program requires that all applicants must complete the following verification. If you have questions, contact the Grant Administrator, listed above. Your assistance in the completion of this form is greatly appreciated. It will be held in **strict confidence**, and used only to verify that we are meeting the requirements of the grant program.

Please complete all fields above and both portions of the form – Part I and Part II

### PART I INCOME AND HOUSEHOLD DATA

Please choose the row that represents your family size and circle the Income Category that best describes your family income. Family income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA benefits, and educational benefits received by all family members living at home. Alimony paid may be deducted. This verification form should reflect your current family income. This data is required by the CDBG program.

| Number of Persons in Family | Income Category A | Income Category B    | Income Category C    | Income Category D |
|-----------------------------|-------------------|----------------------|----------------------|-------------------|
| 1                           | \$0 to \$14,700   | \$14,701 to \$24,450 | \$24,451 to \$39,100 | \$39,101 +        |
| 2                           | \$0 to \$16,800   | \$16,801 to \$27,950 | \$27,951 to \$44,700 | \$44,701 +        |
| 3                           | \$0 to \$18,900   | \$18,901 to \$31,450 | \$31,451 to \$50,300 | \$50,301 +        |
| 4                           | \$0 to \$20,950   | \$20,951 to \$34,900 | \$34,901 to \$55,850 | \$55,851 +        |
| 5                           | \$0 to \$22,650   | \$22,651 to \$37,700 | \$37,701 to \$60,350 | \$60,351 +        |
| 6                           | \$0 to \$24,350   | \$24,351 to \$40,500 | \$40,501 to \$64,800 | \$64,801 +        |
| 7                           | \$0 to \$26,000   | \$26,001 to \$43,300 | \$43,301 to \$69,300 | \$69,301 +        |
| 8                           | \$0 to \$27,700   | \$27,701 to \$46,100 | \$46,101 to \$73,750 | \$73,751 +        |

### PART II RACE, ETHNICITY AND HOUSEHOLD DATA

Data with regard to (1) Household Status; (2) Racial Characteristics and (3) Ethnicity information – in expanded categories – is being requested, in order to measure the impact of the program on the diverse population of the U.S.

Please circle the appropriate racial, ethnic, familial status, age, and handicapped category that applies to you. A number of categories may apply to you. Please note this information will be used for analysis purposes only. We ask you to provide this information on a voluntary basis. If you do not wish to provide the information, you may refuse to do so.

**CIRCLE ALL IN EACH CATEGORY THAT APPLY**

**RACE**

White  
 Black or African American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native & White  
 Asian & White  
 Black or African American & White  
 American Indian or Alaska Native & Black or African American

**ETHNICITY**

Hispanic or Latino  
 NOT Hispanic or Latino

**HOUSEHOLD**

Elderly (62 + years)  
 Handicapped  
 Female Head of Household  
 Not Applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date