



YMCA of Greater Boston EMPLOYEE INFORMATION FORM

Please print legibly

Your Personal Information

New Hire (complete all sections)

Change (complete only that apply)

Social Security Number: _____

Your Name: _____
First Name MI Last Name

Your Address: _____
Street City/Town State Zip Code

Date of Birth: ____/____/____ Home Phone# (____) _____
Month Day Year

Sex: Male Female Marital Status: Married Single (if change, please provide marriage certificate)

Home Branch _____

Have you previously been employed by any YMCA? Yes No

Branch: _____ Dates of Employment: _____

Have you previously participated in the YMCA Retirement Fund? Yes No

Your Emergency Contact Information

Contact Name: _____ Relationship: _____

Contact's Address: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Work Telephone: (____) _____

Voluntary Equal Employment Opportunity Information

The following data is gathered from all new employees as part of our Affirmative Action Plan. This information is confidential.

1. Please select one of the following race/culture categories that best represents you for statistical reporting (speak with a Human Resources Officer for more information)

- White/Caucasian
- Black/African American
- Spanish, Hispanic or Latino(a)
- Asian/pacific islander
- American Indian or Alaska Native

2. Are you a Vietnam Era Veteran? Yes No
Disabled Veteran? Yes No

Do you have a physical, sensory or mental condition that substantially limits any of your major life functions, such as walking, doing things with your hands, seeing, hearing, speaking, learning, or do you have a physical, mental or other health condition that has lasted six (6) or more months and which limits the kind of work you can do at a job?

Yes No

Your Signature _____ Date _____