



YMCA of CALLAWAY COUNTY
APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by the state, federal, or local law. It is the intent of the YMCA of Callaway County to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests,
 Please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

Date: / /

Name: Please Print or Type	Telephone No. ()
Current Residence: Street Number and Name, City, State, Zip Code	
Email Address:	
Home Address if different than above:	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	
Do you require any accommodations to perform lifting, speaking, communication or other basic work tasks? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain what type of accommodation you will need:	

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available:	Salary Desired:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Availability – Please list times and days you are available to work. The YMCA of Callaway County is open seven days a week from early morning until late night.		
Have you ever applied at the YMCA before: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, when?	Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, when?	
How were you referred to the YMCA for employment: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below)		
Name of Employee _____		

EDUCATION AND TRAINING

School Name and Location	Years Attended From To	Graduate? (YES/NO)	What Degree	Major Subject/ Total Hours (if applicable)
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying.				
Profession memberships, certification or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
Computer Skills and Applications:				
CPR/First Aid Certification: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, when?				

U.S. MILITARY SERVICE

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYEMENT FIRST			PERSONNEL USE ONLY
Company Name	Phone No. ()	Date of Employment From (Mo/Yr) To (Mo/Yr)	
Address(Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties:			
Company Name	Phone No. ()	Date of Employment From (Mo/Yr) To (Mo/Yr)	
Address(Include Street, City, State, Zip Code)			
Job Title-State	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties:			
Company Name	Phone No. ()	Date of Employment From (Mo/Yr) To (Mo/Yr)	
Address(Include Street, City, State, Zip Code)			
Job Title-State	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties:			

REFERENCES - PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Relationship	Area Code	Phone

PRE-EMPLOYMEN CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA of Callaway County is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA of Callaway County to secure information about my experience with former employers, education institutions and agencies, and for those partied to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

If employed by the YMCA of Callaway County, I will abide by all company policies and rules.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA of Callaway County. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the YMCA of Callaway County, any storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA of Callaway County without prior notice to me.

Initial

If I am employed by the YMCA of Callaway County I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA of Callaway County or myself. I further expressly agree that, with the respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the company.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA of Callaway County concerning the nature of my employment, if any, by the YMCA of Callaway County and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA of Callaway County.

Applicant Signature

Date of Application