

**YMCA of CALLAWAY COUNTY**  
**EMPLOYMENT APPLICATION**



**The YMCA is an Equal Opportunity Employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, age, sexual orientation, disability, or any other basis protected by law.**

If you would like to join the YMCA staff team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full for consideration.
- Do not leave any spaces blank. Write N/A or see resume if applicable.
- Read and sign the last page of application.

**PERSONAL INFORMATION**

**Today's Date:**    /    /

POSITION Applying For:	Date Available:
Name: Please Print or Type	Telephone No. (    )
Current Residence: Street Number and Name, City, State, Zip Code	
Email Address:	
If hired, can you provide verification of your legal right to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and explanation. (A conviction will not necessarily bar employment. The YMCA may consider the nature, fate and circumstances for the offenses.)	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT 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. You must be 18 years of age or older to work in the facility alone.
Have you ever been employed by the this or any other YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, where and 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"/> Other - _____

## EDUCATION AND TRAINING

	Name of School City, State	Graduate? (YES/NO or in Progress)	Degree	Major Subject
High School/GED				
College/University				
Vocational College/University				

**Describe any experiences such as school or volunteer activities that might strengthen your application:**

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**CPR is required within 60 days of employment at the expense of the employee.**

**Are you currently CPR/First Aid certified?**    YES    NO   If yes, please indicate date of this certification.

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## REFERENCES - PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

<b>1</b>	Name: _____ Relation: _____ Years Known: _____  Email Address: _____ Phone: _____
<b>2</b>	Name: _____ Relation: _____ Years Known: _____  Email Address: _____ Phone: _____
<b>3</b>	Name: _____ Relation: _____ Years Known: _____  Email Address: _____ Phone: _____

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYEMENT FIRST		
<b>Employer</b>	Phone No. (    )	Dates of Employment From:                      To:
Immediate Supervisor and Title		
Address		
Job Title	Base Rate of Pay Start:                      Final:	
Description of Job Duties:		
Reason for leaving:		
<b>Employer</b>	Phone No. (    )	Dates of Employment From:                      To:
Immediate Supervisor and Title		
Address		
Job Title	Base Rate of Pay Start:                      Final:	
Description of Job Duties:		
Reason for leaving:		
<b>Employer</b>	Phone No. (    )	Dates of Employment From:                      To:
Immediate Supervisor and Title		
Address		
Job Title	Base Rate of Pay Start:                      Final:	
Description of Job Duties:		
Reason for leaving:		

## APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discover.

If I am employed by the YMCA 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 or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor, or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with 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 YMCA.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States.

I understand that this application is only valid for the position applied for at the present and that the YMCA is not obligated to retain or consider this application for future openings. If hired, I agree to abide by the YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

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Signature

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Date