Adair County Family YMCA



1708 S Jamison Kirksville, MO 63501 660-665-1922

Application for Employment at the YMCA

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 state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interest. Please complete this Application for Employment in its entirety. Incomplete applications will not be accepted.

Personal Information

NAME: Please PRINT or TYPE	Social Security #	Date of Birth		
INAIVIE. Flease FRIINT OF TIPE	Social Security #	Date of Birth		
ADDRESS: Street, City, State, Zip Code	# of years at	Phone #		
	Present address			
	1 1 1 TT	2. 10 9		
Can you after employment, submit verification of your legal righ	it to work in the Uni	ited States?		
Are you over 18? If hired, do you have a reliable means of trans	portation to get to v	vork?		
Have you ever been convicted of a felony, or for child abuse or s	sex-related crimes?			
Employment Desired				
Employment Desired				
Type of POSITION desired:	Date Availal	Date Available		
	1			
Are you presently employed? If yes, may we contact your present employer?				
What are your hours of availability?				
vinal are your nours or availability:				

References (Please list 3 people whom you've known for at least 2 years. No relatives

Name	Address	Phone Number	How long have you known
			them?

Employment History

1 0	•
Company	
Name	
Phone #	
Supervisor	Dates of Employment
Name	
Reason	
for	
leaving	
icuving	
Company	
Name	
Phone#	
Supervisor	Dates of Employment
Name	
Reason	
For	
leaving	
Company	
Name	
Phone #	
Supervisor	Dates of Employment
Name	Dutes of Employment
Nume	
Reason	
For	
Leaving List any additional employment or background that you feel w	yould qualify you for the position you are
	oute quanty you for the position you are
applying for	

<u>Military History</u>				
Date of entry	Date of discharge	Branch of Service		
Type of discharge	Final rank			
Did you attend service school or receive special training?				
Education				
	Name & Location	Start & End Dates	Degree or diploma	
High School				
Trade or Business				
G 11 II II I				
College or University				
Additional Education				
	I	1		

YMCA MISSION: To put Christian principal in to practice through programs that build a healthy spirit, mind and body for all.

Pre-Employment Certification

I understand that this application is only valid for the position applied for at present and that the
YMCA is not obligated to retain or consider this application for future openingsInitial
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 to secure information about my experience with former employers, education
institutions and agencies, and for those parties to provide information concerning my experience
releasing all parties from any liability arising therefromInitial
If any level has the VMCA I will alide has A any interpretation and makes I am departed that I
If employed by the YMCA I will abide by Association policies and rules. I understand that I
will be required to possess a current and valid driver's license if my position requires me to
drive in the course of workInitial
I agree to submit to legally permissible drug and/or alcohol testing upon the request by the
YMCA. 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
storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA
without prior notice to meInitial
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. 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. _____Initial