



**JEFFERSON CITY AREA YMCA**  
 P.O. Box 104176, Jefferson City, MO 65110-4176



## APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, age, color, sex, religion, national origin, handicap or marital status.

### GENERAL

Name – Last		First	Middle
Have you every been employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No			Today's Date
If yes, please list			
Street Address	Email		Telephone Number
City/State/Zip			Social Security Number
Position Desired			Salary Desired
Status: (Circle One) Full-Time Part-Time Summer Volunteer	Times available to work?		Date Available to Work
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours are available M-F 5:15 am-10 pm and S-S 5:45 am-6 pm		If under age 18, please indicate birth date
If not a U.S. Citizen, indicate VISA and Type			____ / ____ / ____ month / day / year
Have you applied to this Organization to work before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been employed by this Organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, by what Department? _____			Date Employed _____
Reason for Leaving _____			
What brought you to this Organization? <input type="checkbox"/> Info Line <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> State Employment Service <input type="checkbox"/> Friend/Employee <input type="checkbox"/> On My Own			
If referred by a YMCA employee, please print employee's name _____			
Do you have relatives currently employed by the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been involuntarily terminated from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would any special accommodations be needed for you to meet the requirements of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain _____			
Have you ever plead guilty to or been convicted of a felony, whether or not imposition or execution of the sentence or punishment was suspended (SIS, SES)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain _____			

### REFERENCE

Please give the name address, and phone number of a personal reference other than a relative.

Name – Last	First	Middle	Telephone Number
Street Address			
City/State/Zip			

## EDUCATION

High School	Address	Level Completed
College/Tech./Bus. School	Major	Minor
Graduate School	Major	Minor
Level Completed		
GED <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EMPLOYMENT HISTORY

Employer	Address	Phone
Supervisor	From: Month/Year to Month/Year	Salary
Principle Duties		

Employer	Address	Phone
Supervisor	From: Month/Year to Month/Year	Salary
Principle Duties		

Employer	Address	Phone
Supervisor	From: Month/Year to Month/Year	Salary
Principle Duties		

List any additional qualifications, skills and knowledge of equipment pertinent to your application.

**Please direct applications to: Office Manager, P.O. Box 104176, Jefferson City, MO 65110-4176 or fax to 573/635-0215.**

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand, if employed, false statements on the application shall be considered sufficient cause for dismissal. It is understood employment with the Jefferson City Area YMCA is subject to passing criminal records and child abuse checks. By signature, the YMCA is hereby authorized to conduct a police record check and make any investigation of my prior educational and work history. I acknowledge that some information relative to my prior employment or job performance may be negative. I agree to release all former employers listed above, their agents and employees from any and all liability for furnishing such information upon request by the YMCA.

I understand the length of employment is not guaranteed and I may voluntarily terminate my employment at any time and the employer may terminate my employment at any time, with or without cause.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date