

**Ozarks Family YMCA  
1 YMCA Drive  
Mountain Grove, MO 65711**

**APPLICATION FOR EMPLOYMENT**

*(Circle One)*

Cabool Branch      Mountain Grove Branch      Seymour Branch      Willow Springs Branch

We are an Equal Opportunity Employer. Applications 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 Company to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment.

**PERSONAL INFORMATION**

Please PRINT

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_

Are you over 18? \_\_\_\_\_ If hired, do you have a reliable means of transportation? \_\_\_\_\_

1. Have you ever been convicted of a felony? \_\_\_\_\_

2. Have you ever been convicted of child abuse? \_\_\_\_\_

3. Have you ever been convicted of any sex-related crimes? \_\_\_\_\_

If yes to any of those three questions, please explain (A conviction will not disqualify you.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED**

Title or Type of Position Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_ Hours Preferred: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

Have you ever applied at this company before? \_\_\_\_\_

Have you ever been employed by this company before? \_\_\_\_\_ If yes, when, and what was your position? \_\_\_\_\_

\_\_\_\_\_  
How were you referred to the company? \_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

### EDUCATION AND TRAINING

School Name & Location	Years Attended		Graduate (Yes / No)	Degree Earned	Major Subject / Total Hours
	From	To			
High School					
College / University					
College / University					
Highest Degree Earned (Circle One Only): 1. H.S. Diploma / GED    2. Associate    3. Bachelor    4. Master    5. Doctorate					Overall Grade Point Average:
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. If you are familiar with a foreign language, please describe below.					
Professional memberships, certifications, 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.					

### U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

### EMPLOYMENT DATA

*Please list in order of most recent employment first.*

Company Name & Address:	Phone #:	Dates of Employment		Reason for Leaving:
		From	To	
	Job Title (Start):			
Supervisor's Name & Title:	Job Title (End):	Base Rate of Pay		PERSONNEL USE ONLY
		Start	Final	

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## APPLICATION FOR EMPLOYMENT

Company Name & Address:	Phone #:	Dates of Employment		Reason for Leaving:
		From	To	
	Job Title (Start):			
Supervisor's Name & Title:	Job Title (End):	Base Rate of Pay		PERSONNEL USE ONLY
		Start	Final	
Company Name & Address:	Phone #:	Dates of Employment		Reason for Leaving:
		From	To	
	Job Title (Start):			
Supervisor's Name & Title:	Job Title (End):	Base Rate of Pay		PERSONNEL USE ONLY
		Start	Final	
Company Name & Address:	Phone #:	Dates of Employment		Reason for Leaving:
		From	To	
	Job Title (Start):			
Supervisor's Name & Title:	Job Title (End):	Base Rate of Pay		PERSONNEL USE ONLY
		Start	Final	

### REFERENCES

*Please list professional or work references that we may contact.*

Name & Title	Address	Phone

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## APPLICATION FOR EMPLOYMENT

### **PRE-EMPLOYMENT CERTIFICATION**

*(Please initial on the line, acknowledging acceptance.)*

\_\_\_\_\_ 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 openings.

\_\_\_\_\_ I authorize the investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts 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 my former employers, educational institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therein.

\_\_\_\_\_ If employed by the YMCA, I will abide by YMCA policies and rules. I understand that I will be required to possess a current and valid diver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_ If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the YMCA's expense, and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations, in accordance with the HIPAA Privacy Laws.

\_\_\_\_\_ I agree to submit to legally permissible drug and/or alcohol testing upon 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 me.

\_\_\_\_\_ 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, 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 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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*