



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

APPLICATION FOR EMPLOYMENT

PAT JONES YMCA • YOUR DOWNTOWN YMCA • CHILD CARE BRANCH • ROY BLUNT YMCA OF BOLIVAR • CASSVILLE YMCA • MONETT AREA YMCA • DALLAS COUNTY AREA YMCA • LEBANON FAMILY YMCA • OZARK MOUNTAIN FAMILY YMCA • CAMP WAKONDA

Prospective employees will receive consideration without discrimination due to race, creed, gender, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First	Middle	Today's Date
Address			Home Phone
City, State, Zip			Cell Phone
Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Which Position?			Social Security Number
For which position are you applying?			Are you 16 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			What date could you start?
Certification or training for position:			Do you have a Facebook or MySpace account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Shift availability: Sunday _____ to _____ Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____			

EDUCATION

School	School Name	City, State	Course	# years completed	Did you graduate?
High School					
College(s)					
Other					

REFERENCES

Please list one relative		
Name	Phone Number	Relationship (friend, former employer, etc.)

EMPLOYMENT EXPERIENCE

Please begin with current or most recent job	
Company Name	Telephone
Name of Supervisor	Employment Dates From _____ To _____
Job title and description of work	Rate of Pay Starting _____ Ending _____
Reason for leaving	
Company Name	Telephone
Name of Supervisor	Employment Dates From _____ To _____
Job title and description of work	Rate of Pay Starting _____ Ending _____
Reason for leaving	
May we contact your current employer? If no, why?	

VOLUNTEER EXPERIENCE

Please begin with current or most recent volunteer experience	
Company Name	Telephone
Name of Supervisor	Volunteer Dates From _____ To _____
Description of work	
Company Name	Telephone
Name of Supervisor	Volunteer Dates From _____ To _____
Description of work	

Is there any other information you wish to have considered on this application?
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

<p>The YMCA has a zero tolerance standard for abuse and inappropriate behavior by staff members.</p> <p>The information you have provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>Date: _____ Signature _____</p>
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