



Application for Employment	Branch _____
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*As an Equal Opportunity Employer, we do not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, national origin, sexual orientation, ancestry, marital status, veteran status, religion or disability.*

*Application should be printed in ink or typewritten.*

**PERSONAL**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Email \_\_\_\_\_

Are you 18 years of age or older  Yes  No  
 If no, provide date of birth. \_\_\_\_/\_\_\_\_/\_\_\_\_(mo/day/year)

Can you present documentation of legal right to work in the U.S.  Yes  No

Have you been previously employed at any branch of the YMCA of Greater St. Louis  Yes  No

If yes, please state name of branch, position held, reason for leaving, and full name used while employed.  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever worked for another YMCA Association  Yes  No  
 If yes, please state the name of the Association and length of service.

In case of emergency, who should we notify Name \_\_\_\_\_

Phone No. (work) \_\_\_\_\_ Phone No. (home) \_\_\_\_\_

Give names of relatives now employed by this Organization \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION**

Position desired \_\_\_\_\_ Salary desired \_\_\_\_\_

Date available for employment \_\_\_\_\_

Are you available for full time work  Yes  No

If not, what hours can you work \_\_\_\_\_ # Hours per Week \_\_\_\_\_

If applying to work with children in the before and after school program, can you work split shifts  Yes  No  
If no, please identify which shift you can work.  Early Morning  Late Afternoon

Who referred you to the YMCA (if employment agency, give name) \_\_\_\_\_

Have you ever been convicted of, plead guilty, no contest, or had a suspended imposition of sentence of any offense (other than a minor traffic violation)  Yes  No

*(A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by law.)*

If "Yes," describe in full \_\_\_\_\_

\_\_\_\_\_

### MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces  Yes  No

Name of Branch \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Final Rank \_\_\_\_\_

List duties including any special training \_\_\_\_\_

\_\_\_\_\_

### EDUCATION

Name City & State	Circle Year Completed	Did You Graduate	Start Date	End Date	Degree/Certificate (including major subject)
High School	9 10 11 12	y/n			
College/University	1 2 3 4	y/n			
Other (Specify)					

Scholastic Standing: High School \_\_\_\_\_

Scholastic honors and offices held (High School or College) \_\_\_\_\_

Extra Curricular activities (exclude those which indicate race, religion, national origin, color, sex, age or disability) \_\_\_\_\_

Office Skills (such as: word processing, computer, software knowledge, etc.)	Other Special Skills (such as: foreign languages, artistic or mechanical ability, etc.)

## PRESENT AND PAST EMPLOYMENT

*(Starting with "Present Employer") For reference purposes only, please indicate name by which you were known with any given employer if different from your present.*

<b>Employer's Name</b>		<b>Position</b>
<b>Address</b>	<b>Phone No.</b>	<b>Major functions performed</b>
	<b>To (Mo./Yr.)</b>	
<b>Period of Employment From (Mo./Yr.)</b>		
<b>Supervisor's Name &amp; Title</b>	<b>May we contact?</b>	<b>Reason for leaving</b>
<b>Beginning Salary</b>	<b>Ending Salary</b>	

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<b>Supervisor's Name &amp; Title</b>	<b>May we contact?</b>	<b>Reason for leaving</b>
<b>Beginning Salary</b>	<b>Ending Salary</b>	

## ADDITIONAL DATA

*List professional references whom we may contact.*

<b>Name</b>	<b>Address</b>	<b>Occupation</b>	<b>Phone No.</b>
1)			
2)			
3)			
4)			

## AFFIRMATIVE ACTION PROGRAM APPLICANT INFORMATION FORM

The YMCA of Greater St. Louis is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants are under no obligation to respond, but may do so in the future if they choose;) (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are an organization that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

<b>Name</b>	<b>Date</b>
<b>Position Applied For</b>	

### Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> <b>Hispanic or Latino</b>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Disabled Veteran</b>
<input type="checkbox"/> <b>White</b> (not Hispanic or Latino)	<input type="checkbox"/> <b>Female</b>	<input type="checkbox"/> <b>Other Protected Veteran</b>
<input type="checkbox"/> <b>Black or African American</b> (not Hispanic or Latino)		<input type="checkbox"/> <b>Armed Forces Medal Veteran</b>
<input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> (not Hispanic or Latino)		<input type="checkbox"/> <b>Recently Separated Veteran</b>
<input type="checkbox"/> <b>Asian</b> (not Hispanic or Latino)		<input type="checkbox"/> <b>Individual with Disabilities</b>
<input type="checkbox"/> <b>American Indian or Alaskan Native</b> (not Hispanic or Latino)		
<input type="checkbox"/> <b>Two or More Races</b> (not Hispanic or Latino)		
<input type="checkbox"/> <b>I do not wish to Self-identify: Signature</b> _____		
<b>How did you hear of our opening?</b> <input type="checkbox"/> <b>Current Employee</b> <input type="checkbox"/> <b>Newspaper Ad</b> <input type="checkbox"/> <b>Recruiter</b> <input type="checkbox"/> <b>Internet - Sitename</b> _____ <input type="checkbox"/> <b>Other - Explain</b> _____		

## Race Ethnic Identification Categories

### Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

### Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

### Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

## Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s).

For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

## Veteran Status

### Disabled Veteran

A Veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

### Other Protected Veteran

A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

### Armed Forces Medal Veteran

A Veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

### Recently Separated Veteran

A veteran, who served on active duty in the U.S. military ground, naval, or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty.

## APPLICANT ACKNOWLEDGEMENT

I understand that the employment relationship between The YMCA of Greater St. Louis and each of its employees is one of "employment at will". This means that no contract for employment exists and that either the employer (The YMCA of Greater St. Louis) or the employee can withdraw an offer for employment and/or terminate the employment relationship at any time for any or no reason with or without prior notice. This application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon The YMCA of Greater St. Louis to continue my employment in the future. I understand that no representative from The YMCA of Greater St. Louis has any authority to enter into any special agreement with me to promise and/or guarantee my employment for any specific time period or to promise me a promotion or transfer, etc., either prior to commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the questions or subject to which the answer of information relates. I understand that any incorrect, incomplete, false, or misleading statement/answer/information furnished by me either verbally, or in writing will subject my application to disqualification from further consideration and/or, if already employed by The YMCA of Greater St. Louis when the aforementioned is detected, I will be subject to discharge for falsifying by The YMCA of Greater St. Louis, I agree to comply with all its orders, rules, regulations, safety policies, and performance standards. Within not more than three (3) days of employment, I will provide proof as required on the U.S. Government, I-9 form that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that I will be terminated.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold The YMCA of Greater St. Louis harmless for any result of the reference check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies, and/or other government agencies to provide/release information regarding my employment, education, criminal conviction record, credit history, driver's license violations and motor vehicle records, that may be in their possession to The YMCA of Greater St. Louis and/or its agents. An offer of employment is conditioned upon several criteria, including my satisfactorily passing of a criminal history/child abuse and sex offender checks which are required by the Organization.

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Application's Signature

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Date