

YMCA of Greater St. Louis

APPLICATION FOR EMPLOYMENT  
 YMCA OF GREATER ST. LOUIS  
 AN EQUAL OPPORTUNITY EMPLOYER

Last Name _____ First _____ Middle Initial _____	Date completed: Month _____ Day _____ Year _____  Social Security # _____ / _____ / _____
Street Address _____	Home Telephone _____
City _____ State _____ Zip _____	Business Telephone _____
Are you currently working at another YMCA branch? Yes _____ No _____ If yes, what branch? _____  If no, have you ever worked for the YMCA of Greater St. Louis? Yes _____ No _____  If yes, when? _____  Why did you leave? _____ Name under which you were employed, if different from above? _____  Position held: _____  If you have worked for the St. Louis YMCA or another YMCA Association in the past, did you participate in the YMCA Retirement Fund? Yes _____ No _____  If you worked for another YMCA Association, please give name of Association and length of service.	Are you at least 19 years of age? Yes _____ No _____  If no, provide birth date _____ / _____ / _____ Month Day Year  Are you legally eligible to work in the United States? Yes _____ No _____  Have you ever been convicted of or pled guilty to a criminal offense? Yes _____ No _____ If so what was it? _____  _____  Do you have relative(s) working for the Y? If yes, give name(s):  _____  Position(s) held by relative: _____  Branch :
Position for which you are applying.	If full-time employment is not available, will you accept part-time hours? Yes _____ No _____ If yes, how many hours per week can you work? _____
How did you hear about the position? Check one: Help wanted ad _____  Relative _____ friend _____ co-worker _____  Other _____ (Explain) _____	When are you available to begin work? _____  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 _____

**EMPLOYMENT**

Accurate information regarding your employment record is required. Start with your present or most recent employer.

Prospective employees will receive consideration without regard to race, creed, color, religion, sex, age, disability, veteran status or national origin.

Company Name: _____	Telephone # _____
Address: _____	
Street	City
State	Zip
Position title and duties performed: _____	
Employed from (state month and year) _____ Reason for leaving _____	
Title and name of immediate supervisor _____ Telephone #( ) _____	
Company Name: _____	Telephone # _____
Address: _____	
Street	City
State	Zip
Position title and duties performed: _____	
Employed from (state month and year) _____ Reason for leaving _____	
Title and name of immediate supervisor _____ Telephone #( ) _____	
Company Name: _____	Telephone # _____
Address: _____	
Street	City
State	Zip
Position title and duties performed: _____	
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Address: _____	
Street	City
State	Zip
Position title and duties performed: _____	
Employed from (state month and year) _____ Reason for leaving _____	
Title and name of immediate supervisor _____ Telephone #( ) _____	

MILITARY HISTORY		Branch of Service:			
Date of Entry:	Date of Discharge:	Type of Discharge:		Final Rank:	
Did you attend service school or receive special training? Yes___ No___		If yes, type of training. _____			
EDUCATION					
	Name and Location	Course of Study	Start and end Dates	Did you graduate?	Degree or Diploma
High School					
Trade or business					
College					
Other					
Other skills/certifications (caring for children, life saving certifications, etc.) _____ _____ _____					

Disclaimer of Liabilities

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand if employed, false statements on this application shall be considered sufficient cause for dismissal. It is understood that employment with the YMCA of Greater St. Louis is subject to passing a criminal records check and child abuse screening; therefore, I authorize the YMCA to conduct a police record check and child abuse screening and make any investigation of my prior educational and work history.

I understand and agree that all information furnished in this application will be verified by the YMCA or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to by me in this application prior to the release of any information to the YMCA. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give the YMCA all information relative to such verification and hereby release such individuals, organizations and the YMCA from any liability for any claim or damage resulting therefrom.

I understand if I am hired, the length of my employment is not guaranteed. Recognizing I will be free to voluntarily terminate my employment at any time with or without cause, I acknowledge the YMCA is an at-will employer and will be free to terminate my employment at any time, with or without cause.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

INVITATION TO SELF-IDENTIFY RACE AND SEX

The YMCA of Greater St. Louis is a Federal contractor and is committed to the principles of affirmative action and equal employment opportunity for all applicants and employees regardless of their race, color, sex, religion, national origin, disability or veteran status. As a Federal contractor, we are required to develop and implement an Affirmative Action Program (AAP). To assist us in our AAP record keeping responsibilities, we have developed this invitation to self-identify which is provided to all applicants.

Providing the following information is strictly voluntary and has no bearing on our employment decision. The information is utilized for AAP record keeping purposes only.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SEX

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

RACE (Check Only One)

\_\_\_\_\_ White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

\_\_\_\_\_ Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Phillipine Islands, and Samoa.

\_\_\_\_\_ American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**REFERENCE CHECKS**

**Reference Check Claim—Waiver Form**

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

**A. Verification of Accuracy of Statements Made in Employment Application:**

I hereby certify that the information provided in my employment application dated \_\_\_\_\_ and any resume or other materials submitted by me in connection with my effort to obtain employment with YMCA of Greater St. Louis is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with YMCA of Greater St. Louis, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials \_\_\_\_\_

**B. Release of Claims Against Providers of References and/or Other employment-related information.**

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application (and any resume or other materials submitted by me in connection with my effort to obtain employment with YMCA of Greater St. Louis. I expressly authorize you to contact all listed past employers listed in my application, and any resume or other materials submitted by me to provide YCMA of Greater St. Louis with any information requested that may be relevant and useful to YMCA of Greater St. Louis in making a hiring decision. **I expressly release any such persons, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.**

Initials \_\_\_\_\_

**C. Contact with Current Employer:**

I DO \_\_\_/DO NOT \_\_\_ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_