



FAIR ACRES FAMILY YMCA
2600 S. GRAND AVE.
CARTHAGE, MO 64836
417-358-1070

The mission of the Fair Acres Family YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

EMPLOYMENT APPLICATION

NAME (Last, First, Middle) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Phone Number _____ SS # _____ Date available for hire _____

Note: You will be required to submit valid documentation of employment authorization as a condition of hire.

Position applying for: _____ I will accept: Full-time employment
Please be specific Temporary employment
 Part-time employment
 Summer employment

Have you previously worked for the Fair Acres Family YMCA? yes no

IF YES, WHAT DATE AND JOB TITLE _____

PERSONAL AND MEDICAL HISTORY

Are you 18 years or older? yes no

Can you perform the essential functions of the position you are applying for? yes no

Have you ever been convicted of a felony? yes no

If yes, please explain and give details: _____

We are an equal opportunity employer. It is the policy of the YMCA to comply with all federal and/or state laws regarding Equal Employment as they relate to all employees and applicants for employment. Accordingly, the Fair Acres Family YMCA is committed to ensuring that all personnel decisions for all job classifications are made without regard to race, creed, color, religion, national origin, age, sex, marital status, sexual preference, veteran status, or disability except in cases dictated by a bonafide occupational qualification. Applications from all qualified individuals are considered and kept active for only 90 days. The application will be considered only if all questions are answered. Selected applicants will be called for personal interviews, which are required before hiring. If not selected, all applicants must renew their application in person at the YMCA.

FOR OFFICE USE ONLY

Job Application Completed yes no

Reference Checks Completed yes no

Drug-Free Workplace
The Fair Acres Family YMCA is committed to maintaining a drug & tobacco-free workplace to protect its employees, the youth, families and individuals served by the YMCA.
Any use will not be tolerated.

Educational Background

SCHOOL	SCHOOL NAME AND ADDRESS	# OF YEARS ATTENDED	YEAR OF GRADUATION	COURSE OF STUDY
High School				
College				
Business/Trade				
Other				

Please list particular skills, talents, or interests you would like to share. Also list all languages in which you are fluent.

Work History

List in order, beginning with last or current employer

1. _____

Employer/Company	Street Address	City, State, Zip	Phone
Supervisor's Name and Title	Reason for Leaving	Last Pay Rate: \$ _____ per _____ Position Held: _____ To _____ Date Date	
Describe in detail the work you did: _____			

May we contact this employer? yes no

2. _____

Employer/Company	Street Address	City, State, Zip	Phone
Supervisor's Name and Title	Reason for Leaving	Last Pay Rate: \$ _____ per _____ Position Held: _____ To _____ Date Date	
Describe in detail the work you did: _____			

May we contact this employer? yes no

3. _____

Employer/Company	Street Address	City, State, Zip	Phone
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Supervisor's Name and Title _____ Reason for Leaving _____ Last Pay Rate: \$ _____ per _____
 Position Held: _____ To _____
 Date Date

Describe in detail the work you did: _____

May we contact this employer? yes no

EMPLOYMENT AVAILABILITY

Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Wed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time _____:	Stop _____:	<input type="checkbox"/> AM <input type="checkbox"/> PM

PERSONAL REFERENCES

Please provide three personal references, no more than one may be a relative.

1. _____

Name	Phone Number	Relationship
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2. _____

Name	Phone Number	Relationship
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3. _____

Name	Phone Number	Relationship
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Aquatics and Child Care Applicants Only

Lifeguard Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
CPR (infant / child / adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
CPR (adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
YMCA Skipper Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
YMCA Progressive Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
Water Safety Instructor (ARC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
City State <input type="checkbox"/>		
Child Care Worker's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____
Commercial Driver's License (CDL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date _____

Please list any other certifications or special training you have: _____

What ages do you prefer to work with?

- Infant Elementary Adults Preschool
 Toddlers High School Special Classes

Child Care and Youth Program Application Only

Please elaborate on your previous job experience with children. _____

What are your future goals in childcare / youth programs and developing your childcare / youth skills?

Why would you like to be employed in this position? _____

What do you feel most qualifies you for this position? _____

Please read and sign the following page of this application concerning the Fair Acres Family YMCA's application policies. This application cannot be accepted if this section has not been completed.

Please attach a resume, references or other personal information that you feel pertains to the position for which you are applying.

Statement of Application

In the Fair Acres Family YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health. I fully consent to and authorize all such inquiries.

In the event of my employment by the Fair Acres Family YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment. I understand my continued employment is contingent upon a clean criminal history background check.

I understand that the agency may secure conviction criminal history information as a part of the employment screening process. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Fair Acres Family YMCA does not condone child abusers and that the Fair Acres Family YMCA will be seeking information in my background related to child abuse.

Name (first, last, middle) _____

Maiden Name or Names previously used _____

Birth Date: _____ Social Security #: _____ Driver's License #: _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or after employment, may be cause for termination with the Fair Acres Family YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if hired as a YMCA employee, at all possible times I am to avoid being alone with a single child where other staff or adults cannot observe me.

I understand that the YMCA is committed to maintaining a drug & tobacco-free workplace and will not tolerate any use. I also understand that I must report any work related performance issues that others are not following the drug/tobacco free workplace policy.

I understand and agree that if I am employed there is no contract period, and my employment would solely be an "employment at will" giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination. I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant: _____ Date: _____