



**BOONSLICK HEARTLAND YMCA
EMPLOYMENT APPLICATION**

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status or the presence of non job-related medical conditions or handicaps.

_____	_____	_____/_____/_____
First Name	Last Name	Date of Birth
_____	_____	(____)____-____
Address	City	Zip
_____	_____	_____/_____/_____
Desired Position	Expected Pay	Available start Date
Availability:	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time
	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evenings
		<input type="checkbox"/> Weekends
Please checkmark all that apply		

Additional Comments: _____

Are you legally eligible for employment in the United States?
 Yes No

Have you ever worked for the Boonslick Heartland YMCA? (If yes, all forms must be filled out for rehire)
 Yes No If yes, from: ____/____/____ to ____/____/____

Do any of your friends or relatives work for the Boonslick Heartland YMCA?
 Yes No Names (if Yes): _____

Have you ever been arrested for and/or charged with a serious misdemeanor or felony?
 Yes No Explain (if yes): _____

Are you a veteran of the United States Military services?
 Yes No

Are you able to perform the functions of the job for which you are applying?
 Yes No Yes, with reasonable accommodation

If "Yes, with reasonable accommodation", please identify potential accommodations to your limitation(s).

Disabled applicants will be considered for employment provided they satisfy the requisite skill, experience, education and other job-related requirements of the position for which they are applying, and are capable of performing the essential functions of the position either with or without reasonable accommodation.

Education Information

Grade School		Highest Grade Completed	4	5	6	7	8
High School		Highest Grade Completed	9	10	11	12	
College/University		Graduated? (Circle One)	Yes	No			
Degrees Obtained							
Graduate		Graduated? (Circle One)	Yes	No			
Degrees Obtained							

Employment Information (List All Positions Held for Each Employer)

Employer			Supervisor				
Position		Tenure	MM / YY to MM / YY	Salary	\$		
Employer			Supervisor				
Position		Tenure	MM / YY to MM / YY	Salary	\$		
Employer			Supervisor				
Position		Tenure	MM / YY to MM / YY	Salary	\$		
Employer			Supervisor				
Position		Tenure	MM / YY to MM / YY	Salary	\$		
Employer			Supervisor				
Position		Tenure	MM / YY to MM / YY	Salary	\$		

Employment References (Non-Relatives Only)

Name		Address		Phone	
Name		Address		Phone	
Name		Address		Phone	

Statement of Understanding

In applying for this position I understand and certify that I am able to perform all functions, tasks and duties pertaining to the position for which I am applying without any limitations.

Signature of Agreement

I certify that all information and answers provided on this form are true and complete to the best of my abilities and knowledge.

I authorize investigation by the Boonslick Heartland YMCA of all statements contained in this application for employment, as deemed necessary by the Boonslick Heartland YMCA, in arriving at a decision concerning my employment.

By signing my name on the line below, I acknowledge that I have read, understand and agree to all of the statements and agreements listed above.

Signature of Applicant

_____/_____/_____
Date