



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JOIN THE FAMILY

Application for Employment
JOPLIN FAMILY YMCA

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Joplin Family YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities and interests, please complete this application for employment as thoroughly as possible. Please print clearly or type.

Name	Other Names		
Address	City	State	Zip
Main Phone	Secondary Phone		

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (A conviction will not necessarily disqualify you.) Yes No

If yes, please explain _____

Type of position desired _____ F/T P/T

Have you ever applied with the Joplin Family YMCA before? Yes No

Have you ever been employed by the Joplin Family YMCA before? Yes No
If yes, when and what position? _____

How were you referred to the Joplin Family YMCA? _____

Please list days and hours available to work below.

SUN	MON	TUES	WED	THURS	FRI	SAT

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

JOPLIN FAMILY YMCA

510 S. Wall Ave, Joplin, MO 64801 P 417 623 4597 F 417 623 8517

Please list education and training below.

	School Name	Location	Course/Degree	Graduate? (Yes/No)
Elementary School				
High School				
College				
Graduate School				
Trade or Tech School				

Please list any additional education, vocational and/or professional training you have received that is relevant to the position for which you are applying.

List present and past employment below, beginning with your **most recent** employer.

Company Name	Position
Supervisor	Phone number
Address	City State Zip
Employed from / / to / /	Final earnings \$ per
Reason for leaving	

Company Name	Position
Supervisor	Phone number
Address	City State Zip
Employed from / / to / /	Final earnings \$ per
Reason for leaving	

Company Name	Position
Supervisor	Phone number
Address	City State Zip
Employed from / / to / /	Final earnings \$ per
Reason for leaving	

Company Name	Position
Supervisor	Phone number
Address	City State Zip
Employed from / / to / /	Final earnings \$ per
Reason for leaving	

Please list three (3) references (not former employers or relatives).

Name	Location	Phone	Occupation

Please read and initial the following:

Initial Here

I understand that this application is only valid for the position applied for at present and that the Joplin Family YMCA is not obligated to retain or consider this application for future openings.

Initial Here

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Joplin Family YMCA to secure information about my experience with former employers, education institution and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial Here

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Joplin Family YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial Here

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Joplin Family YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment.

Initial Here

I agree to submit to legally permissible background checks upon request by the Joplin Family YMCA. I recognize that the results of these checks may be used to determine my employment or continued employment.

My signature below certifies that I have read and understand the foregoing and that to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Application Date