

## Application for Employment

We consider employment applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Please print.**

Position(s) applied for	Date of application	
How did you hear about us? <i>(Please circle one)</i>		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip:
Telephone Number(s):		Social Security Number:	
Email Address: _____ Best time to contact you at home is _____			

Have you ever filed an application with the Mahaska County YMCA before?  Yes  No

If yes, give approximate date \_\_\_\_\_

Have you ever been employed with any YMCA before?  Yes  No

If yes, give approximate date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: *(Please check all that apply)*

Full-time     Part-time     Mornings     Afternoons     Evenings     Weekends     Nights

Can you travel if a job requires it?  Yes  No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this or any other state?  Yes  No

Nothing in this application is intended to alter in any way the understanding and fact that any employment relationship with Mahaska County YMCA is of an at-will nature.

**MAHASKA COUNTY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER**

**Education**

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

<b>Indicate any foreign languages you can speak, read, and/or write.</b>			
	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

<b>Describe any specialized training, skills, and extra-curricular activities.</b>

<b>Describe any job-related training received in the U.S. military.</b>

## Employment Experience

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				

**Additional Information**

**Other Qualifications**

*Summarize special job-related skills and qualifications acquired from employment or other experience.*


**Specialized Skills**

*Check skills/equipment operated*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> PC             | <input type="checkbox"/> Microsoft word        | <input type="checkbox"/> Microsoft outlook   |
| <input type="checkbox"/> Typewriter     | <input type="checkbox"/> Microsoft excel       | <input type="checkbox"/> Internet            |
| <input type="checkbox"/> Photocopier    | <input type="checkbox"/> Microsoft access      | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Adding machine | <input type="checkbox"/> Microsoft publisher   |  |
| <input type="checkbox"/> Fax machine    | <input type="checkbox"/> Microsoft power point |  |

**State any additional information you feel may be helpful to us in considering your application.**


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, without or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

- YES       NO

**References**

Name	Telephone Number
Address	
Name	Telephone Number
Address	
Name	Telephone Number
Address	

**Waiver for Criminal History and Abuse History Checks**

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Last Name		First Name	
Middle Name		Maiden Name	
Date of Birth	Sex	Social Security Number	
<b>List any other former last names:</b>			
I hereby give permission for the listed requesting official to conduct a state or national criminal history check with the Division of Criminal Investigation and a Child Abuse and Dependent Adult Abuse History Check with the Department of Human Services.			
Signature of Applicant		Date Signed	
Signature of Requesting Official			

Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this applicant for employment will be considered active for a period not to exceed 60 days. Should I wish to be considered for employment beyond this time period it will be my responsibility to inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Mahaska County YMCA is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Mahaska County YMCA.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Mahaska County YMCA.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_