



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

eliminating racism  
empowering women  
**ywca**

# Application for Employment

## DUBUQUE COMMUNITY YMCA/YWCA

35 North Booth Street  
Dubuque, Iowa 52001  
P 563-556-3371  
F 563-556-2728  
www.DubuqueY.org

Email completed forms to smeyer@dubuquey.org or mail using the address above.

<b>Position(s) Applied For</b>	<b>Date of Application</b>
<b>How Did You Hear About Us?</b>	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>	<b>Email</b>		

<b>If you are under 18 years of age, can you provide required proof of your eligibility to work?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Have you ever filed an application with us before?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>If yes, give date:</b>				
<b>Have you ever been employed with us before?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>If yes, give date:</b>				
<b>Are you currently employed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>May we contact your present employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?</b> <small>Proof of citizenship or immigration status will be required upon employment</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>On what date would you be available for work?</b>				
<b>Are you available for work:</b>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Shift Work <input type="checkbox"/>	Temporary <input type="checkbox"/>
<b>Are you currently on "lay-off" status and subject to recall?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Can you travel if a job requires it?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Have you been convicted of a felony within the last 7 years?</b> <small>Conviction will not necessarily disqualify an applicant from employment.</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>If yes, please explain:</b>				

## EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.	
1.	
2.	
3.	

Have you ever had any job-related training in the United States Military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe:		
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**EMPLOYMENT EXPERIENCE**

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

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

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

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

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

If you need additional space, please add additional sheet to email.

<b>Special Skills and Qualifications</b>
Summarize special job-related skills and qualifications acquired from employment or other experiences.

**APPLICANTS STATEMENT**

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 this organization.

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 the employer.

**By typing your Name, Date of Birth, and Today's Date; you are accepting the terms of the above statement.**

<b>Name:</b>	<b>Today's Date:</b>
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**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview                      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Remarks:		
Employed                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Employment:	
Job Title:	Hourly Rate/Salary:	Department:
By: (Name & Title)		Date:

**Notes:**

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