

Application for Employment DUBUQUE COMMUNITY Y

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

Position(s) Applied For			Date of Application			
How Did You Hear About Us?						
Last Name	First Name		Middle Name			
Address	City	State				
Telephone Number(s)	Email					
If you are under 18 years of age, can you provide required proof of your eligibility to work?			Yes 🗌		No 🗌	
Have you ever filed an application with us before?			Yes 🗌		No 🗌	
	If yes, gi	ve date:				
Have you ever been employed with us before?			Yes 🗌		No 🗌	
	If yes, gi	ve 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?			Yes 🗌		No 🗌	
Proof of citizenship or immigration status will be required upon employment On what date would you be available for work?						
On what date would you be available	e for work:					
Are you available for work:	Full Time 🗌 Pa	art Time [SI	nift Work 🗌	Temporary 🗌	
Are you currently on "lay-off" status and subject to recall?			Yes 🗌		No 🗌	
Can you travel if a job requires it?			Yes 🗌		No 🗌	
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment.			Yes 🗌		No 🗌	
If yes, please explain:						

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 Stu	dy						
Describe any specialized training, apprenticeship, skills and extracurricular activities. Describe any honors you				1			
have received.							
State any additional information you feel may be helpful to us in considering your application.							
Indicate any foreign la	nguages you can speak,	read, and/or write.	FAI	D			
SPEAK	FLUEINI	GOOD	FAI	K			
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 Military?	job-related training in the	ne United States	Yes 🗌	No 🗌			
If yes, please describe							
Are you physically or o for which you are apply	therwise unable to perfo ying?	rm the duties of the job	Yes 🗌	No 🗌			

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			mployed	Work Performed	
Address		From	То		
Address					
Telephone Number(s)		Hourly Pr	nte/Salary	-	
relephone Number (s)		Beginning	Final	-	
Job Title	Supervisor	Degiiiiiig	Tindi	1	
Reason for Leaving					
industrial Eduring					
Employer		Dates Employed		Work Performed	
		From	То		
Address					
Telephone Number(s)		Hourly Ra			
		Beginning	Final		
Job Title	Supervisor				
Reason for Leaving					
Employer		Dates F	mployed	Work Performed	
Employer		From	То	Work Ferformed	
Address		110111	10	1	
Telephone Number(s)		Hourly Ra	l nte/Salary	-	
relephone Number (3)		Beginning	Final	_	
Job Title	Supervisor	99		1	
	·				
Reason for Leaving					
J					
Employer			mployed	Work Performed	
		From	То		
Address					
Telephone Number(s)			nte/Salary		
Joh Title	Currendoer	Beginning	Final		
Job Title	Supervisor				
Reason for Leaving					
If you need additional space, please add additional sheet to email.					
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Special Skills and Qualifications					
Summarize special job-related skills and qualifications acquired from employment or other experiences.					
		,one or other t			

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 and Today's Date; you are accepting the terms of the above statement.

Name:			Tod	ay's Date:	
FOR PERSONNEL DEPARTMENT USE ONI	LY				
Arrange Interview Yes	No 🗌				
	_				
Remarks:					
Employed Yes No		Date of Employment	nt:		
Job Title:	Hourly Rate/Salary:		Depa	artment:	
By: (Name & Title)				Date:	
Notes:					