



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**PLEASE READ BEFORE COMPLETING THIS EMPLOYMENT APPLICATION**

The Family YMCA of Black Hawk County (the "YMCA") does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No questions on this application are intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying. This YMCA is committed to the goal of operating a drug-free work environment. Consistent with this goal, we have implemented a comprehensive Substance Abuse Policy which contains provisions for testing for the use of controlled substances. **ANY JOB APPLICANT CONSIDERED "OTHERWISE QUALIFIED" FOR EMPLOYMENT WILL BE REQUIRED TO UNDERGO A PRE-EMPLOYMENT DRUG TEST DESIGNED TO TEST FOR THE USE OF CONTROLLED SUBSTANCES. IN ADDITION, A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED ON ALL APPLICANTS, AND WHERE APPLICABLE, A DEPARTMENT OF MOTOR VEHICLE RECORD CHECK.**

ANSWER ALL QUESTIONS COMPLETELY AND PLEASE PRINT (In Ink)

**PERSONAL DATA**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
Street

\_\_\_\_\_ How Long? \_\_\_\_\_  
City State Zip

Phone No.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_  
Street City State Zip

**GENERAL INFORMATION**

Position(s) Applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date Available: \_\_\_\_\_

How were you referred to the YMCA?  Employee  Newspaper Advertisement  
 Website  Other: \_\_\_\_\_

Name of referral sources indicated above: \_\_\_\_\_

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

If YES, state when and where: \_\_\_\_\_

Are you looking for:  Full-time  Part-time  Seasonal/Temporary Salary Requirements: \$ \_\_\_\_\_

Do you have relatives employed at any YMCA location?  Yes  No

If YES, Name: \_\_\_\_\_ Location: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you age 18 or above?  Yes  No

Please circle days/indicate hours you are available to work: **M T W Th F S SU** From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a US Citizen?  Yes  No

If no, please state the type of US employment authorization you have: \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse or have you EVER HAD ANY FELONY convictions or have any pending convictions in this state or any other State?  Yes  No

If YES, explain: \_\_\_\_\_

**EDUDCATION AND/OR TRAINING**

	Name & Location	Course of Study/Major	Dates Attended		Graduated	Degree
			From	To		
High School						
Business or Technical School						
College or University						
Graduate School						

Please list other training and/or certifications:

Please list any special skills and/or licenses:

**REFERENCES**

Please list three references.

	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Phone			
Street			
City			
State/Zip			

**EMPLOYMENT HISTORY/VOLUNTEER WORK**

**Please complete; list all previous employment. Do NOT write "See Resume". Begin with current or last employment. Use additional paper if necessary.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Employed/Volunteered: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Last Salary: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Employed/Volunteered: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Salary: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Employed/Volunteered: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Salary: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Employed/Volunteered: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Salary: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

(Please Read Carefully Before Signing)

I hereby certify that the information on this application is accurate to the best of my knowledge and is subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, designees or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application in connection with employment will be grounds for refusal of employment or for immediate termination regardless of when such information is discovered.

In the event I am employed, I understand that all employees of the YMCA are employees at will without a fixed term of employment. Any of the YMCA's policies, procedures or benefits can be changed, interpreted, withdrawn or added to at any time, without any prior notice. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

Any job applicant considered "otherwise qualified" for employment will be required to undergo a drug test designed to test for the use of controlled substances. I agree to allow the YMCA or its designees to collect urine and/or blood samples from me to determine the presence of drugs in my body. I also give permission for release of the test results to the appropriate individuals at the YMCA and their designated medical or professional representatives. I further authorize the release to the YMCA and its representatives and any and all medical records relevant to evaluating my drug tests. If I refuse the drug test, I understand that I cannot be considered for employment.

I further authorize the YMCA to obtain the services of an outside laboratory to conduct tests. I release the YMCA, its employees and designated medical or professional representatives from any and all claims or causes of action resulting from the reliability of the test results, the release of the test results, and any YMCA decision influenced by the test results.

I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with a legal and proper interest.

I understand that as a condition of employment my driving record, criminal history, record, reference checks, drug screening test and other documents required by law must be completed, and information given by me must be verified.

I understand and agree that offers of employment, and my continued employment with the YMCA, are contingent upon satisfactory proof of my authorization to work in the United States.

Employees of the YMCA who drive company-owned, leased or other vehicles on company business must possess a valid Iowa Driver's License. The driver's license must not restrict driving in any matter that conflict with job requirements. An unsatisfactory driving record may result in the lost or restriction of driving privileges on company business which could cause termination of your employment.

This application and any material accompanying it shall become the sole property of the Family YMCA of Black Hawk County.

Finally, my signature certifies that the statements made on this application are correct and complete and in addition, I authorize the YMCA to initiate an investigation as outlined above.

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Signature of Applicant (In Ink)

Date

THE YMCA IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER

**The Y: We're for youth development, healthy living and social responsibility.**