



eliminating racism  
empowering women  
**ywca**

# Employment Application Statement of Applicant

The Marshalltown YMCA-YWCA is an Equal Opportunity Employer.

Date \_\_\_\_\_

**For office use only:**

**Please PRINT and answer all questions completely and accurately in ball point pen.**

Name (Last, First, Middle)	Email
Address (Number, Street and/or Apartment Number)	Home Telephone
City, State, Zip	Cell Phone

Position(s) for which you are applying: \_\_\_\_\_

Days and Hours for which you are available to work: \_\_\_\_\_

Available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Seasonal Wage/Salary Desired \$\_\_\_\_\_/hour

Have you ever worked for a YMCA \_\_\_ Yes \_\_\_ No If yes, when and for which YMCA(s):

Identify relevant skill(s) or training you have or equipment you can operate:

Birthdate: \_\_\_\_\_

Were you referred here \_\_\_ Yes \_\_\_ No How? \_\_\_\_\_

Please list the names of any friend(s) or relative

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### References: at least 3 non-family references required

Name	Address	Phone Number	Relationship to you	Occupation
1.				
2.				
3.				
4.				

If hired, can you provide verification of your legal right to work? \_\_\_ Yes \_\_\_ No

**Education:**

Institution Name	City, State	Years Complete (circle)	Degree Received
High School		9 10 11 12	
College		1 2 3 4	
Graduate Work		1 2 3 4	
Other		1 2 3 4	

**Employment History:**

List positions held starting with the most recent.

If you are currently employed, may we check with your current employer? \_\_\_ Yes \_\_\_ No

Employer Name and Address	Dates of Employment (please circle hour or yearly)	Other Information
Name:	From: _____ to _____	Reason Left:
Address:	Title:	Duties:
Telephone:	Salary: \$ _____ per hour or yearly	Supervisor Name:

Name:	From: _____ to _____	Reason Left:
Address:	Title:	Duties:
Telephone:	Salary: \$ _____ per hour or yearly	Supervisor Name:

Name:	From: _____ to _____	Reason Left:
Address:	Title:	Duties:
Telephone:	Salary: \$ _____ per hour or yearly	Supervisor Name:

Name:	From: _____ to _____	Reason Left:
Address:	Title:	Duties:
Telephone:	Salary: \$ _____ per hour or yearly	Supervisor Name:

1. In the last 10 years, have you ever been discharged or suspended from employment for disciplinary reason or have you been asked to resign?  Yes  No If yes, please explain. \_\_\_\_\_

2. Have you ever been convicted of a crime, had adjudication withheld, or pled no contest to a crime?  Yes  No If yes, please state the type of crime and the circumstances with regard to each including date of conviction or plea and the penalty, if any, imposed by the court. \_\_\_\_\_

3. Have you ever been convicted or had any administrative finding of violating any law involving child abuse, sexual abuse, physical abuse, child endangerment, sexual harassment or exploitation or any crime related to children?  Yes  No If yes, please explain and include where it occurred. \_\_\_\_\_

4. Do you currently have any charges pending relating to any of the aforementioned?  Yes  No If yes, please explain below. \_\_\_\_\_

5. If the position for which you are applying requires a valid driver's license, do you have one?  Yes  No  
Have your driving privileges been suspended or revoked in the past 3 years?  Yes  No If yes, please explain below. \_\_\_\_\_

**Note: Answering 'yes' to any of these questions may not necessarily disqualify you from the position you desire. Each action and explanation will be weighted/considered in relationship to the position for which you are applying.**

**Other Important Information:**

Why do you wish to work for the Marshalltown YMCA-YWCA?

Please list your involvement within the community, volunteer groups and/or other organizations.

If you feel there is additional information about yourself regarding your skills, experience, accomplishments, etc. that would assist us in evaluating your application, please use the space below to explain.

**Please read carefully before signing.**

**Statement of Applicant**

In the Marshalltown YMCA-YWCA's effort to attract the highest quality staff, I understand that as part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, character, and health. I fully consent to and authorize such inquiries.

In the event of my employment by the Y, I will comply with all policies set forth in the Marshalltown YMCA-YWCA Employee Handbook and with other policies that may be established by the organization. I understand that my initial employment, in some specific positions, is contingent upon receipt of a report of a current physical examination made by a licensed physician/physician's assistant, showing me to be in good health and free of contagious diseases. Additionally, I authorize the Y to request my employment record from any former employer(s). I further understand that inquiries may be made concerning myself, my background, experience and prior employment. Inquiries or requests may be made by you or your representatives to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for employment by the Marshalltown YMCA-YWCA.

I certify that all statements by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or after employment, would be cause for termination of employment with the Marshalltown YMCA-YWCA.

I understand and agree that if I am employed, there is no contract period for employment, and my employment would be solely "employment at will", giving either me or the Y the right to terminate my employment at any time without liability or obligation, except for my regular pay through date of termination.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS EMPLOYMENT APPLICATION.

---

Signature of Applicant

Date