

Dear Applicant,

Please indicate on the following application the title of the position for which you are applying. Take note of the application procedure listed on the Job Vacancy Notice because often an application deadline is listed or it may also request a resume and/or cover letter.

This job application form has been designed for you to first print it and then fill it out in ink. Please sign it and return it to:

**YWCA
425 Lafayette
Waterloo, IA 50703**

**Thank you for your interest in the
YWCA of Black Hawk County**



Staff Position Application

425 Lafayette

Waterloo, IA 50703319-234-7589

ywca@ywcabhc.org

Position applying for _____

Date _____

Name _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Phone _____ Phone #2 (Cell #, Work, etc.) _____

If employment or school was under different name, indicate name: _____

Work Experience – List last five positions. Show your most recent experience first.

1. Title of Position _____ **Name of Business** _____

Address _____ City _____ State _____ Zip _____ Phone _____

Supervisor's Name _____ Position _____ Phone _____

Date employed: From (Month/Year) _____ To (Month/Year) _____ Hours worked per week _____

Major responsibilities: _____

Reason for leaving: _____

2. Title of Position _____ **Name of Business** _____

Address _____ City _____ State _____ Zip _____ Phone _____

Supervisor's Name _____ Position _____ Phone _____

Date employed: From (Month/Year) _____ To (Month/Year) _____ Hours worked per week _____

Major responsibilities: _____

Reason for leaving: _____

3. Title of Position _____ **Name of Business** _____

Address _____ City _____ State _____ Zip _____ Phone _____

Supervisor's Name _____ Position _____ Phone _____

Date employed: From (Month/Year) _____ To (Month/Year) _____ Hours worked per week _____

Major responsibilities: _____

Reason for leaving: _____

4. Title of Position _____ **Name of Business** _____

Address _____ City _____ State _____ Zip _____ Phone _____

Supervisor's Name _____ Position _____ Phone _____

Date employed: From (Month/Year) _____ To (Month/Year) _____ Hours worked per week _____

Major responsibilities: _____

Reason for leaving: _____

5. Title of Position _____ **Name of Business** _____

Address _____ City _____ State _____ Zip _____ Phone _____

Supervisor's Name _____ Position _____ Phone _____

Date employed: From (Month/Year) _____ To (Month/Year) _____ Hours worked per week _____

Major responsibilities: _____

Reason for leaving: _____

Education

Name and Address	Dates Attended	Major Study	Degree
<u>High School</u>			
<u>College</u>			
<u>Graduate School</u>			
<u>Technical School</u>			

Training: List recent YWCA training as well as other courses, college or graduate field work. (Sponsoring organization and location of training, number, number of days, year.)

Skills: Please indicate your greatest skills and interests: _____

Activities: List current professional membership, volunteer and/or campus activities. _____

References: (People, other than relatives, who have knowledge of your qualifications)

Name	Complete Address and Phone Number	Occupation
1.		
2.		
3.		

If your personnel record is on file with college placement offices or other organizations, give name and address of person from whom it may be secured. _____

Have you ever been investigated for a charge of child abuse or neglect with the result being that the case was founded (that the investigating parties determined that you had committed abuse or neglect)? _____ yes _____ no

If you answered yes, give detailed summary of the incident that includes dates, type of abuse, recommendations from investigating authorities, etc. Use back of sheet if necessary.

The YWCA has an obligation to the public to employ those who will maintain public confidence and good will. Therefore, the YWCA may conduct investigations including verification of prior employment and education. By signing this application, you give permission of the YWCA to contact your present and/or previous employers and your references. Additionally, by signing you authorize the YWCA to make these investigations and you indicate your awareness that misrepresenting or omitting information may be reason to disqualify you for employment or, if employed, may result in your dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature

Date

Job Applicant Survey

To the Applicant:

Your completion of this form is strictly voluntary and optional. However, we would appreciate your cooperation in providing us with the statistical information required to comply with various state and federal regulations about reporting applicant information.

This survey will be separated from your application when received or you can mail it separately to the Personnel Department, using an envelope addressed:

Personnel Department
YWCA
425 Lafayette Street
Waterloo, IA 50703

The information will be used only for compiling statistical information regarding the Agency's response to its Affirmative Action Policy and Plan. If you choose not to provide the information, please indicate here _____ and return the form as outlined above. It will not affect your status as an applicant.

Thank you for your cooperation.

Position Applied For _____ Date _____

SEX _____ Female _____ Male

AGE _____ Under 18
_____ 19 - 29
_____ 30 - 39
_____ 40 - 49
_____ 50 - 59
_____ 60 - 69
_____ 70 or over

RACIAL/ETHNIC GROUP

_____ African American _____ Asian _____ Caucasian _____ Hawaiian/Pacific Islander
_____ Hispanic _____ American Indian/Alaskan Native _____ Mixed _____ Other

DISABILITY

_____ No _____ Yes If yes, indicate: _____ Amputee _____ Blind
_____ Cardiac _____ Diabetic _____ Epileptic _____ Paralytic
_____ Deaf _____ Other (specify) _____