

Return to:

**YWCA HWS Director
425 Lafayette
Waterloo, IA 50703**

**eliminating racism
empowering women**
ywca
Black Hawk County

**Health & Wellness Services
Staff Application**

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

Name _____ Middle Name _____ Last Name _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Email: _____

Dates available for work _____ Position applying for _____

Schools Attended	City/State	Dates	Major Subject	Degree

List any previous related experience _____

List any training or special courses taken that relate to the position for which you are applying. _____

List any experience working with children _____

Other special training _____

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: _____

What is your present occupation? _____

Certifications

	Yes	No	Expired
Red Cross Basic Lifeguarding			
Red Cross Standard First Aid			
Red Cross Advanced First Aid and Emergency Care			
Red Cross or American Heart Association CPR			
Red Cross Advanced Lifesaving			
Red Cross WSI			
other			

How well do you swim? () very well () well () Fair () Non-swimmer

List the extra-curricular activities/groups in which you participate. Include any honors or offices held. Include your hobbies.

Do you have a "philosophy" of working with children? _____

Describe your overall ideas in relation to working with children. _____

Have you had experience in dealing with children from various income levels and/or backgrounds? _____

What other qualifications or information would you like to have considered in this application. (Include on a separate sheet, if necessary.)

References: (List three people other than family members or friends who know your qualifications and abilities in relation to getting the position you want. Use former employers if possible.)

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

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.

<p>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.</p> <p>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.</p>	
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Signature

Date