



Application for Employment

We consider employment applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please print.

Position(s) applied for	Date of application	
How did you hear about us? (<i>Please circle one</i>)		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name		
Address		City	State	Zip
Telephone Number(s)		e-mail address:		
Best time to contact you:				

Have you ever filed an application with the Mahaska County YMCA before?

☐ Yes ☐ No

If yes, give approximate date _____

Have you ever been employed with any YMCA before?

☐ Yes ☐ No

If yes, give approximate 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? *Proof of citizenship or immigration status will be required upon employment.*

☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: (*Please check all that apply*)

☐ Full-time ☐ Part-time ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends ☐ Nights

Can you travel if a job requires it?

☐ Yes ☐ No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this or any other state?

☐ Yes ☐ No

Nothing in this application is intended to alter in any way the understanding and fact that any employment relationship with Mahaska County YMCA is of an at-will nature.

MAHASKA COUNTY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, skills, and extra-curricular activities.

Describe any job-related training received in the U.S. military.



Employment Experience

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				



Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills/equipment operated

- | | | |
|---|--|--|
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft word | <input type="checkbox"/> Microsoft outlook |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Microsoft excel | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Photocopier | <input type="checkbox"/> Microsoft access | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Adding machine | <input type="checkbox"/> Microsoft publisher | |
| <input type="checkbox"/> Fax machine | <input type="checkbox"/> Microsoft power point | |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, without or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ YES ☐ NO

References

Name	Telephone Number
Address	
Name	Telephone Number
Address	
Name	Telephone Number
Address	