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
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.

<table>
<thead>
<tr>
<th>1. Title of Position</th>
<th>Name of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City State Zip Phone</td>
</tr>
<tr>
<td>Supervisor’s Name</td>
<td>Position Phone</td>
</tr>
<tr>
<td>Date employed: From (Month/Year)</td>
<td>To (Month/Year)</td>
</tr>
<tr>
<td>Major responsibilities:</td>
<td></td>
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<tr>
<td>Reason for leaving:</td>
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</table>

<table>
<thead>
<tr>
<th>2. Title of Position</th>
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<td></td>
</tr>
<tr>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>
Reason for leaving:  

3. Title of Position  ___________________________________ Name of Business  _________________________  

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
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</table>

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  _________________________  

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
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</tbody>
</table>

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  _________________________  

<table>
<thead>
<tr>
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<th>Phone</th>
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</tbody>
</table>

Supervisor’s Name  Position  Phone  

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

Major responsibilities:  

________________________________________________________________________________________________ 

________________________________________________________________________________________________ 

________________________________________________________________________________________________ 

Reason for leaving:  

## Education

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Dates Attended</th>
<th>Major Study</th>
<th>Degree</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
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<td>College</td>
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<td>Graduate School</td>
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<td>Technical School</td>
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</table>

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete Address and Phone Number</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

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.

_____________________________________________________________________________________________

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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

Revised 4-23-2020
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) ____________________________________________