



# YMCA OF WASHINGTON COUNTY IOWA

KALONA REC CENTER  
511 C Avenue  
Kalona, Ia. 52247

WASHINGTON COMMUNITY Y  
121 E Main Street  
Washington, Ia. 52353

WELLMAN PARKSIDE Y  
525 13th Street  
Wellman, Ia. 52356

YMCA on the SQUARE  
110 S Iowa Avenue  
Washington, Ia. 52353

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Maiden /Previous Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number [HOME] ( \_\_\_\_\_ ) [CELL] ( \_\_\_\_\_ )

Have You Ever Been Employed By The YMCA or YWCA Before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, When ? \_\_\_\_\_ Where? \_\_\_\_\_

Responsibility \_\_\_\_\_

Type of Work Desired \_\_\_\_\_

EDUCATION AND TRAINING Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School \_\_\_\_\_  
(School) (City) (State)

Name of Location of College, Jr. College, or University Attended:

1 \_\_\_\_\_

2 \_\_\_\_\_

Dates Attended      Years Completed      Degrees Earned      Major

1 \_\_\_\_\_

2 \_\_\_\_\_

Other Schooling or Training: \_\_\_\_\_

List All Job Related Skills: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Start With Your Present or Last Employment and Work Back, Accounting for all Periods of Unemployment. If You Were Ever Employed In any Position Under a Different Name, Please Give that Name.

➤ Business/Organization \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ok to Contact Yes \_\_\_\_\_ No \_\_\_\_\_

➤ Business/Organization \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ok to Contact Yes \_\_\_\_\_ No \_\_\_\_\_

➤ Business/Organization \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Ok to Contact Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL REFERENCES**

List Three People Who Are Not Related To You And Who Can Furnish Information About You.

Do Not Repeat Names of Supervisors Furnished Above.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I Certify That The Information Contained In This Application For Employment Is Correct And Complete.

I Realize That Misrepresentation Of Facts Called For In This Application Will Be Cause For Rejection Of My Application Or Dismissal After My Employment.

\_\_\_\_\_  
Applicant Signature Date

The YMCA OF WASHINGTON COUNTY IOWA is an Equal Opportunity Employer.