

YMCA OF WASHINGTON COUNTY IOWA

Washington Community YMCA
520 W 5th St
Washington, IA 52353

Wellman Parkside YMCA
525 13th St
Wellman, IA 52356

Kalona YMCA Rec Center
511 C Ave
Kalona, IA 52247

EMPLOYMENT APPLICATION

OUR MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

PERSONAL

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Have you ever been employed by the YMCA of Washington County before? Circle one: Yes No

If yes, give dates: _____ Location/Branch: _____

EMPLOYMENT DESIRED

Membership Sports Aquatics Maintenance Child Care Fitness Trainer/Instructor

Position applying for: _____

What are you available to work? Circle one Part-Time Full-Time Seasonal

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Date available to start work: _____ Are you 18 years of age or older? Yes or No

List any relatives working for the YMCA of Washington County: _____

EDUCATION

Note: For reference checking purposes, please indicate any other names under which you worked or obtained your education.

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

Name of High School(s): _____

Name of College(s): _____

Years of college completed: _____ Degree(s): _____

EMPLOYMENT 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.

May we contact your present employer? Yes No

Employer	Start Date	End Date	Work Performed
Email			
Job Title	Starting Hourly Rate	Starting Salary	
Supervisor	Phone #	Reason For Leaving	

May we contact your present employer? Yes No

Employer	Start Date	End Date	Work Performed
Email			
Job Title	Starting Hourly Rate	Starting Salary	
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May we contact your present employer? Yes No

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CERTIFICATIONS

Name of certification	Issuing organization	Expiration
First Aid		
CPR		
WSI		
YSI		
Lifeguarding		
Fitness		
Other Certifications (specify)		Dates
# Of Child Development Credits		School

REFERENCES

Give the names of three persons not related to you, whom can comment on your previous employment experience. Ex. Teachers, mentors, managers, coworkers.

Name	Occupation	Address	Phone #	Relationship

By signing below, 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 caused for rejection of my application or dismissal after my employment.

Signature: _____ Date: _____