



APPLICATION FOR EMPLOYMENT
An Equal Opportunity/Affirmative Action Employer

PLEASE READ BEFORE COMPLETING THIS APPLICATION

The Scott County Family Y does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, sexual orientation, disability, age, veteran status, or any other legally protected characteristic.

PERSONAL DATA

Form with fields for: Last Name, First Name, Middle Initial, Home Phone, Business/Message Phone, Email Address, Permanent Street Address, Current Street Address, Other names used, Age, Legally eligible, Position applied for, Acceptable Wage/Salary, When available, Branch(es), Volunteered, Employment by YMCA, Referred by, Convicted offense.

EDUCATION

Table with 5 columns: Name and Location (City/State), Types of Courses or Major, Graduated?, Degree Received. Rows for High School, College, Trade/Voc School, Other.

Are you presently in school? Yes No If Yes, give your expected completion date: List courses you are enrolled in:



Scott County Family Y

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records (including self-employment), starting with the most recent employer. Attach an additional sheet, if necessary

1	Company:	Telephone: ()	Employed: (Month & Year) From: To:
	Address:	City/State/Zip:	Salary: Start: Last:
	State Job Title and Describe Your Work:		Eligible for Rehire?
	Name & Title of Supervisor:		May we contact this employer while we are considering your application? Yes No
	Reason(s) for leaving or considering a change:		
	What did you like most about this job?		
	What did you least like about this job?		
2	Company:	Telephone: ()	Employed: (Month & Year) From: To:
	Address:	City/State/Zip:	Salary: Start: Last:
	State Job Title and Describe Your Work:		Eligible for Rehire?
	Name & Title of Supervisor:		May we contact this employer while we are considering your application? Yes No
	Reason(s) for leaving or considering a change:		
	What did you like most about this job?		
	What did you least like about this job?		
3	Company:	Telephone: ()	Employed: (Month & Year) From: To:
	Address:	City/State/Zip:	Salary: Start: Last:
	State Job Title and Describe Your Work:		Eligible for Rehire?
	Name & Title of Supervisor:		May we contact this employer while we are considering your application? Yes No
	Reason(s) for leaving or considering a change:		
	What did you like most about this job?		
	What did you least like about this job?		
4	Company:	Telephone: ()	Employed: (Month & Year) From: To:
	Address:	City/State/Zip:	Salary: Start: Last:
	State Job Title and Describe Your Work:		Eligible for Rehire?
	Name & Title of Supervisor:		May we contact this employer while we are considering your application? Yes No
	Reason(s) for leaving or considering a change:		
	What did you like most about this job?		
	What did you least like about this job?		



Scott County Family Y

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE UNITED STATES ARMED FORCES.	
Describe your duties and any special training	Branch of Service
	Period of Active duty (Month & Year) From: _____ To: _____
	Rank at Discharge:

VOLUNTEER HISTORY & VOLUNTEER REFERENCES

VOLUNTEER WORK/MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS RELATED TO THIS POSITION.

Exclude, if you wish, those which may disclose your race, color, creed, religion, sex, marital status, national origin, ancestry or age.

Organization Name	Contact Name	Location (City/State) / Phone No.	Your Role	Dates (from MM/YY to MM/YY)

SKILLS CERTIFICATIONS, LICENSES & SPECIALIZED SKILLS

List only if related to job and provide expiration dates, if any.

Certifications & Expiration Dates:	YMCA Certificates:	Office Skills:
First Aid: Expires: _____	Other Specialized Skills/Training:	Keyboarding: WPM: Yes No
CPR: Expires: _____		10 key / Other Office Machines:
AED: Expires: _____		Software: <i>(Please List)</i>
Life Guarding: Expires: _____		
Instructor Certifications: Expires: _____		
Professional Licenses: Expires: _____		

Driving Record

Furnish this information only if applying for a position involving driving a YMCA-owned or leased vehicle.

Do you have a current driver's license? Yes No State Issued: _____

How many years licensed driving experience do you have? Less than 2 years 2 years 3 years 4 years or more

Have you had any driving violations have you had in the last 5 years?



Scott County Family Y

REFERENCES LIST THREE PROFESSIONAL AND ONE PERSONAL REFERENCE

Name & Occupation	Company or Home Address (minimum of City/State req)	Phone No's.	Know in what capacity (employer, friend, teacher, neighbor, etc.)	Known how long?
		Days: Eves:		
		Days: Eves:		
		Days: Eves:		
		Days: Eves:		

The Scott County Family Y Position on the Nation-Wide Problem of Child Abuse

We make an active effort to Prevent Child Abuse

At the Scott County Family Y we take our responsibility to children very seriously. Before being offered a position with the Scott County Family Y we take many steps to ensure that we are protecting the children that we care for some examples may include but are not limited to:

- A thorough background check, including but not limited to, criminal history, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character, health and activities.
- Allegations or suspicions of Child Abuse are taken seriously and will be reported to the state for investigation. The number for the state of Iowa is 1-800-362-2178.
- Periodic interviews/evaluations with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.
- Staff and volunteers will not fraternize with children enrolled in YMCA activities or programs outside of the programs. This includes babysitting for the children or inviting children home.
- Testing for illegal substances.
- We provide our staff members with a code of conduct to follow and have specific policies related to interactions with children. Therefore we ask that all staff members read, understand and sign the Scott County Family Y code of conduct as well as the procedures for reporting suspected child abuse.
- The Scott County Family Y provides child abuse recognition training that all staff members are required to take. Additionally, any staff members working for Child & Family Services are required to attend the state approved Mandatory Reporter child abuse prevention training.

YMCA Goals

- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.



Scott County Family Y

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Scott County Family Y. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the Scott County Family Y (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the Scott County Family Y. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment period or may accept my resignation immediately.

I understand that, in the event I am employed by the Scott County Family Y, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the Scott County Family Y at the Scott County Family Y's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the Scott County Family Y to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest. In the event of my employment, I will comply with all rules and regulations as set forth in the Scott County Family Y's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the Scott County Family Y's controlled substance abuse and testing policy. I have read, understand and support the Scott County Family Y's position on the problem of child abuse.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination, if requested and/or required for the position applied, to be given by a physician or registered nurse selected by the Scott County Family Y and until results of my driving record, my criminal history record, reference checks, and other documents required by law are completed, and until information given by me has been verified.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

I have read, understand, and acknowledge the above statement as a condition of my employment with the Scott County Family Y.

Signature of Applicant _____ Date _____



Scott County Family Y

PRE-NOTIFICATION OF BACKGROUND INQUIRY

For and in consideration of my application for potential employment with **Scott County Family Y (henceforth: "SCFY")**, I hereby authorize and request that an "investigative consumer report" (background inquiry) be compiled regarding the undersigned. I understand that this inquiry may include information regarding my character, personal characteristics, mode of living, and general reputation.

I understand that my employment with the SCFY is contingent upon the results of this background inquiry.

_____ **(Initials of applicant)**

By placing my signature below, I acknowledge that this background inquiry may involve the request of any or all of the following (as allowed by law):

- Any public record of criminal convictions.
- Any incident of dishonesty, theft, moral turpitude, violence, or drug-related offenses reported by merchants, employers, businesses or individuals.
- Any credit bureau report.
- Any driving history related to infractions or accidents.
- Any previous employment records
- Any public, semi-public, or proprietary records from any record repository

_____ **(Initials of applicant)**

I hereby authorize and request the cooperation of any governmental or law enforcement agencies, credit bureaus, proprietary databases, former employers, business sources, or individuals called upon by **SCFY** or its authorized agent, Per Mar Security and Research Corporation (henceforth: "Per Mar"), in the release and dissemination of the requested information.

_____ **(Initials of applicant)**

I further authorize **SCFY** and/or its agent, Per Mar, to make further like inquiries from time to time, as deemed necessary for employment purposes. I waive any further notice with respect to the inquiries made by or on behalf of **SCFY**, and agree to generally release and fully discharge **SCFY**, Per Mar, every such law enforcement agency, every such governmental agency, every such prior employer, every such credit bureau, database, or individual with regard to the release and dissemination of the requested information.

_____ **(Initials of applicant)**

I state that I do not have a record of founded child or dependent adult abuse, nor have I ever been convicted of a crime in this state or any other state.

_____ **(Initials of applicant)**

I understand that I may obtain a free copy of this "consumer report," where applicable, if an adverse action or decision is made based upon the information in the "consumer report." I must make a written request within 60 days of the adverse action/decision.

A photocopy of this authorization and release shall be considered as effective and valid as the original.

Applicant, please complete all of the following information (additional pages may be used, if needed):

Full Legal Name: _____

Addresses for the last seven (7) years to include house number, street name, City, State AND County

Previous names or aliases: _____

Social Security Number: _____ Date of Birth: _____

Driver's License State: _____ Driver's License Number: _____

Signature Date

The information requested above is done so for the purpose of conducting a pre-employment and continued employment investigation only. **SCFY** is an equal opportunity employer. It is our policy to provide employment without regard to age, race, religion, color, national origin, sex, marital status, or disability.

..... Check if Motor Vehicle Search required (required on all drivers or exempt staff)

Job title: _____ Branch (#) _____ Dep't(###) _____

Supervisor's Name: _____