

# Application for Employment

**The Spencer Family YMCA is an "at will" and an EEOC Employer.**

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Numbers		Email Address	

If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No

Are you currently employed?  Yes  No

If so, May we contact your present employer?  Yes  No

Are you legally authorized to work in the United States on a full-time basis?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Do you have a dependable means of transportation to and from work?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Are there any felony charges pending against you?  Yes  No

If yes, please explain \_\_\_\_\_

## EDUCATION

Name & Address of School	Course of Study	Years Completed	Diploma / Degree

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experiences.

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## NOTE TO APPLICANTS

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

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

\_\_\_\_\_ YES      \_\_\_\_\_ NO

## WORK EXPERIENCE

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

Employer	Dates Employed	Work Performed
Address		
Telephone Number(s)		Hourly Rate (Starting / Final)
Job Title	Supervisor	
Reasons for Leaving		

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## THREE REFERENCES INCLUDING ONE FAMILY MEMBER

Name	Phone #	Address

## ACCURACY STATEMENT

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this applications will be grounds for immediate discharge.

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

## AUTHORITY TO RELEASE INFORMATION

I authorize you to verify my past employment and education, criminal history, credit history, motor vehicle records, personal references and any other job related data given on this application or obtained through the interview process.

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



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

Abuse Registry being requested: [ ] Child Abuse [ ] Dependent Adult Abuse [x] Both
Please specify your preferred method of response: [ ] Address [ ] Fax [x] Email

Section 1: To be completed by the person or agency requesting the information.

Form with fields for Last Name, First Name, Agency Name, Telephone Number, Address, Fax Number, City, State, Zip Code, Email, and a signature line for Amy Kuehler.

Section 2: To be completed by person authorizing HHS to release their abuse information.

Form with fields for Name, Birth Date, Social Security Number, Address, City, County, State, Zip Code, and a signature line for the person authorizing release.

Section 3: To be completed by the Central Abuse Registry or designee.

Form with a large empty box for the Central Abuse Registry or designee and a signature line.



# Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

**REQUESTOR INFORMATION** PLEASE WRITE CLEARLY

Name (business or individual) Mailing address (street/PO Box, city, state, zip code)

Phone number Fax number Email address

I would like the results sent to me by: Mail Fax Email  
I am required to have the results notarized: Yes No \*for specific requirements in another country only.

**SUBJECT OF REQUEST INFORMATION** Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required) FIRST NAME (required) MIDDLE NAME (recommended)

DATE OF BIRTH (required) GENDER M, F or Other (required) SOCIAL SECURITY NUMBER (recommended)

**RELEASE AUTHORIZATION INFORMATION:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

**RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.**

RELEASE AUTHORIZATION SIGNATURE

**FOR DCI USE ONLY**

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

**SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:**

**ADDRESS:** Iowa Division of Criminal Investigation  
Support Operations Bureau  
Dissemination Unit  
215 E 7<sup>th</sup> St  
Des Moines IA 50319

**FAX:** 515-725-6080

**EMAIL:** [dcirecordchecks@dps.state.ia.us](mailto:dcirecordchecks@dps.state.ia.us)

**QUESTIONS:** [dcirecordchecks@dps.state.ia.us](mailto:dcirecordchecks@dps.state.ia.us)