

# WAYPOINT

Services for women, children and families

318 5<sup>th</sup> Street S.E., Cedar Rapids, IA 52401 (319) 365-1458 Phone (319) 365-2263 Fax  
www.waypointservices.org

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY IN INK OR TYPE

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*Street City State Zip Code*

Home Telephone Number \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Temporary Address \_\_\_\_\_

Can you provide proof, if hired, that you are eligible to work in the United States?  Yes  No

Are you over the age of 18?  Yes  No If no, are you able to furnish a work permit?  Yes  No

Have you ever been employed by Waypoint, formerly the YWCA? If yes, please give dates of employment, position(s) held, and state your name while employed, if different from present name:  
\_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Names of relatives or friends employed by Waypoint: \_\_\_\_\_

### POSITION CATEGORY

Please check the areas you are qualified in and would consider:

Child Care:  Uptown Kids (Infant - 5 yrs.)  RiverRidge Kids (Infant - 5 yrs.)  ParkRidge Kids (Infant - 5 yrs.)  
 Kirkwood Kids (Infant - 5 yrs.)  School Age Kids (5- 12 yrs.)  Summer Adventure Day Camp (5-12yrs.)

Services:  Madge Phillips Center for the homeless  Domestic Violence/Sexual Assault Program

Other:  Food Service  Maintenance  Administration  Clerical/Receptionist

Other (please specify) \_\_\_\_\_

Specific Position Applying For: \_\_\_\_\_

Wage/Salary Expected: \_\_\_\_\_ If selected, when can you start work? \_\_\_\_\_

Are you seeking:  Full-Time Work  Part-Time Work  Would Consider Either

Do you have reliable transportation?  Yes  No  Public Transportation  Own Vehicle  Other \_\_\_\_\_

Are you willing and able to travel to off-site locations?  Yes  No If no, explain: \_\_\_\_\_

Are you willing to work overtime, if required?  Yes  No If no, explain: \_\_\_\_\_

## PERSONAL RECORD

Have you ever been convicted of a crime, other than a minor traffic offense?  Yes  No

(Conviction of a crime will not necessarily disqualify you from employment with us. Lying about it will.)

If yes, describe: \_\_\_\_\_

## PERSONAL DRIVING RECORD

Do not complete this section unless you are applying for a position which would require you to operate a Waypoint vehicle.

Do you have a valid Driver's License?  Yes  No State \_\_\_\_\_ License Number \_\_\_\_\_

Do you have a Chauffeur's License?  Yes  No State \_\_\_\_\_ License Number \_\_\_\_\_

Within the past two years, have you had a vehicle accident of any type?  Yes  No If yes, how many? \_\_\_\_\_

Have you been convicted of reckless or drunken driving?  Yes  No If yes, when? \_\_\_\_\_

Have you been cited for moving violation(s)?  Yes  No If yes, when? \_\_\_\_\_

## EDUCATION AND TRAINING

Please circle highest year of education completed:

**ELEMENTARY/MIDDLE:**

1 2 3 4 5 6 7 8

**HIGH SCHOOL:**

9 10 11 12

**COLLEGE:**

13 14 15 16 17 18 19 20

EDUCATION*	SCHOOL NAME COMPLETE ADDRESS	COURSE OF STUDY OR MAJOR	TYPE OF DEGREE GRANTED/GPA
High School or GED			
Trade School or Business College			
College			
Graduate School			
Other			

Subject(s) of greatest interest to you: \_\_\_\_\_

Subject(s) of least interest to you: \_\_\_\_\_

List other education or training that is applicable to the position for which you are applying: \_\_\_\_\_

\*Official transcripts and/or degree may be requested depending on the requirements of the position for which you are applying.

## MILITARY SERVICE

Present Military Obligation (Military Service, Reserves or National Guard): \_\_\_\_\_

# EMPLOYMENT HISTORY

Most recent or current employer				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Street	City	State		Zip Code
Type of business			Employed from (month-day-year) to (month-day-year)		
Last position held			Wage/Salary \$ _____ to \$ _____		
List job responsibilities					
Supervisor and Department			Telephone number		
Reason for leaving					

Second most recent or current employer				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Street	City	State		Zip Code
Type of business			Employed from (month-day-year) to (month-day-year)		
Last position held			Wage/Salary \$ _____ to \$ _____		
List job responsibilities					
Supervisor and Department			Telephone number		
Reason for leaving					

Third most recent or current employer				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Street	City	State		Zip Code
Type of business			Employed from (month-day-year) to (month-day-year)		
Last position held			Wage/Salary \$ _____ to \$ _____		
List job responsibilities					
Supervisor and Department			Telephone number		
Reason for leaving					

Fourth most recent or current employer				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Street	City	State		Zip Code
Type of business			Employed from (month-day-year) to (month-day-year)		
Last position held			Wage/Salary \$ _____ to \$ _____		
List job responsibilities					
Supervisor and Department			Telephone number		
Reason for leaving					

Please identify and explain any gaps in your continuous employment history during the last five years: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

Please furnish three references with complete addresses in all cases. **Do not** list former supervisors or persons residing at your current address.

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Home Number, if different \_\_\_\_\_

Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

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Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Home Number, if different \_\_\_\_\_

Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

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Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Home Number, if different \_\_\_\_\_

Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

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## EMPLOYMENT POLICY

It is the policy of Waypoint to provide employment without regard to race, color, religion, national origin, sex, age, marital status, disability, sexual orientation, Vietnam era or disabled veteran status. All offers of employment are contingent on the applicant passing a physical examination, verification of information in this application and a negative report on the State of Iowa Criminal History Records Check.

### PLEASE READ AND SIGN

I CERTIFY that the statements herein are correct and true to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered cause for dismissal. I agree to hold free from liability persons furnishing information regarding my character and qualifications for employment. I agree that Waypoint may also furnish like information upon request to any prospective employer, and I will not hold Waypoint liable. I agree that the confidential information obtained or released by Waypoint will not be released to me.

Additionally, I understand that nothing contained in this employment application, in the granting of an interview, an offer of employment, or hire is intended to create an employment contract with Waypoint. If an employment relationship is established, I understand that employment at Waypoint is *AT WILL EMPLOYMENT*; that is, the employee or Waypoint may terminate it at any time with or without cause.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to: Waypoint, Human Resources, 318 5<sup>th</sup> Street SE, Cedar Rapids, IA 52401

***Thank you for your interest in Waypoint employment opportunities!***