APPLICATION FOR EMPLOYMENT

POSITION: Member and Volunteer Services Director, TRAIL of Johnson County

Please complete the following application in its entirety and return with a cover letter and current resume to TRAIL of Johnson County, 28 S. Linn St., Room 201, Iowa City, IA 52240, or email to info@trailofjohnsoncounty.org. All questions must be answered even when submitting a resume.

Desired Hourly Rate of Pay (Note: This is a half-time position, requiring approximately 20 hours per week): _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address_____

Telephone: ( ) _____ ( ) _____
(Home) (Cell)

Email: _____

EDUCATION			
NAME OF SCHOOL AND ADDRESS	GRADUATED YES/NO	DEGREE	MAJOR
High School			
Junior/Community College/Trade School			
College			
College			
College			
Seminars/Special Training/Certificate/Other			

EMPLOYMENT HISTORY AND INFORMATION

List former employers and position held within the last five years. Begin most recent employer first and account for any gaps in employment.

May we contact your present employer? _____Yes _____No
If no, please explain: _____

1. Company Name:		Length of Employment	
Address:		From	To
Telephone:	Supervisor:	Salary	
Job Title:			
Specific Duties:			
Reason for leaving:			
2. Company Name:		Length of Employment	
Address:		From	To
Telephone:	Supervisor:	Salary	
Job Title:			
Specific Duties:			
Reason for leaving:			
3. Company Name:		Length of Employment	
Address:		From	To
Telephone:	Supervisor:	Salary	
Job Title:			
Specific Duties:			
Reason for leaving:			

4. Company Name:		Length of Employment	
Address:		From	To
Telephone:	Supervisor:	Salary	
Job Title:			
Specific Duties:			
Reason for leaving:			
5. Company Name:		Length of Employment	
Address:		From	To
Telephone:	Supervisor:	Salary	
Job Title:			
Specific Duties:			
Reason for leaving:			

How did you learn of this position?

_____

What interests you about working with older adults?

_____

_____

_____

How would you rate your computer knowledge/skills?

_____

How would you rate your proficiency with Microsoft Office Suite?

_____

Please indicate programs you have used:

_____M/S Word _____M/S Excel _____Dropbox _____Gmail/G-Suite for Non-Profits

List any other software with which you are familiar:

_____

List any customer service experience or related office skills:

_____

_____

REFERENCES

List the names/address/phone number of individuals who have firsthand knowledge of your abilities, experience and work habits.

Reference 1:

_____
_____
Name Address Cell or Home Phone

Relationship to Applicant _____

Reference 2:

_____
_____
_____
Name Address Cell or Home Phone

Relationship to Applicant _____

Reference 3:

_____
Name Address Cell or Home Phone

Relationship to Applicant _____

I hereby certify that all of the information set forth herein is true and correct. I understand that discovery of any false statements, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I acknowledge that if I am hired, my employment may be terminated at any time either by my employer, with or without cause, for any reason or no reason or me.

Date: _____

Signature of Applicant_____