

Application for Employment

Please Print

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Social Security Number			
Have you ever applied for employment with us?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position for which you are applying			Weekly Pay Expected
Do you wish to be employed		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
		<input type="checkbox"/> Temporary	Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If part time, specify hours and days			
Are you legally eligible for employment in the United States?			Date available to begin work
How were you referred to us? <input type="checkbox"/> Newspaper ad <input type="checkbox"/> School <input type="checkbox"/> On my own <input type="checkbox"/> TEC or government agency			
<input type="checkbox"/> Current employee <input type="checkbox"/> Agency <input type="checkbox"/> Other (explain)			

Skills

Complete only the sections relevant to the position

Typing Speed _____ Words/Minute _____ Driver's License # _____
Business machines you can operate _____
Other machines _____ Computer Software Skills _____
Speak/write foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____

Education

Name and Location of School List address, city, state, zip code	Number Of Years	Graduate	Degree or Diploma Course of Study
Elementary		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School Trade School, Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Please give accurate, complete full time and part time employment record beginning with your present or most recent employer

Employer & Type of Business	Telephone
Address	Employed (Month & Year) From _____ To _____
Job Title	Supervisor's Name
	Weekly Pay Start _____ Last _____
Describe your work	Reason for leaving

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NOTE: We may contact the employers listed above unless you indicate any you do not want contacted:

Employer _____ Reason _____

Employer _____ Reason _____

Have you ever been terminated or asked to resign from any employment? If so, please explain each instance in full:

General Information

Have you ever been convicted of a felony offense? Yes No
Date _____ Place _____

Nature of offense _____

An affirmative answer will not automatically disqualify you from consideration as a candidate for employment.

Have you ever had any arrests involving alleged sexual misconduct of any nature, violence, drugs or alcohol? Yes No
Date _____ Place _____

Nature of offense _____

An affirmative answer will not automatically disqualify you from consideration as a candidate for employment.

Have you previously been employed by the YWCA? Yes No
Date _____
If under another name, please indicate name _____

Do you have any relatives employed by the YWCA? Yes No
If yes, please give name and relationship _____

Memberships in professional or civic organizations (exclude any which disclose age, sex, race, color, national origin or disability)

References

List minimum of three references. Do not list employers or relatives.

Name and Address	Occupation	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give any other information you think might be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (You may exclude any information indicative of age, sex, race, color, national origin, or disability.)

Emergency

Person to be notified in case of emergency:

Name _____ Telephone _____

Address _____

Applicants are considered for all positions without regard to race, religion, color, sex, national origin, age, marital or veteran status, or the presence of a handicap or a disability.

***An Equal Opportunity Employer* ®**

ACKNOWLEDGMENT

I hereby affirm that the information provided on this application and any accompanying resume is true and complete to the best of my knowledge. I also understand that any misstatement or omission of facts may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later time.

I understand that my employment may be terminated at any time, and for any reason, by the YWCA or by me. I also understand that neither this application nor any offer of employment from the YWCA constitutes a contract.

I give the YWCA the right to investigate all references and to secure additional information if job related. I release from liability the YWCA and its representatives for seeking such information.

I authorize any persons or organizations named in this application and any accompanying resume to provide any relevant information that may be required to make an employment decision.

I understand that I shall be required to undergo urinalysis to detect illegal use of drugs as a prerequisite for employment. Also, as a condition of my employment, I understand that at any time during my employment the YWCA may require me to undergo urinalysis. I further understand at the time of any such examination, I will be required to execute all forms of consent and releases of liability as are usually and reasonably required for such examinations. Finally, I understand that the results of any such examinations shall be made available to the YWCA, its designated employees, and my physician.

I understand that, if employed by the YWCA, I will become a public representative of the YWCA and, as such, have an obligation to promote its integrity and image through my words and personal conduct.

I have read and understood this Acknowledgment and sign it on my own free will.

Name: _____

Signature: _____

Date: _____

3/11/13