

**eliminating racism**  
**empowering women**  
 ywca

**EMPLOYMENT APPLICATION**

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

Position \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?  
 Advertisement  Friend  Walk-In  
 Employment Agency  Relative  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

Do you have relatives who serve on YWCA committees or Board of Directors? \_\_\_\_\_

If yes, please identify them: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_ If yes, give dates \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date will you be available for work? \_\_\_\_\_

Are you available to work  Full-time  Part-time  On call  Temporary

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

Can you travel if the job requires it?  Yes  No

Have you been convicted of a crime?  Yes  No

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

*Conviction will not necessarily disqualify an applicant from employment.*

## **EMPLOYMENT EXPERIENCE**

List all employment, starting with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude volunteer activities for organizations which indicate race, color, gender, national origin, disabilities, or other lawfully protected status. If you need additional space, please attach additional sheets.

Name of Employer	Dates: Start:	End:
Address	Salary: Start:	End:
Telephone Number	Supervisor	
Job Title/Duties	Reason for leaving	
Name of Employer	Dates: Start:	End:
Address	Salary: Start:	End:
Telephone Number	Supervisor	
Job Title/Duties	Reason for leaving	
Name of Employer	Dates: Start:	End:
Address	Salary: Start:	End:
Telephone Number	Supervisor	
Job Title/Duties	Reason for leaving	
Name of Employer	Dates: Start:	End:
Address	Salary: Start:	End:
Telephone Number	Supervisor	
Job Title/Duties	Reason for leaving	

**EDUCATIONAL BACKGROUND**

	Name & Address	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Graduate Professional				
Other (Specify)				

**ADDITIONAL INFORMATION/OTHER QUALIFICATIONS**

Indicate any foreign languages that you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

**Summarize any special job-related skills and qualifications acquired from employment or other experience.**


**REFERENCES**

Name	Address	Telephone Number



**CONDITIONS OF EMPLOYMENT**

Please read the following statements carefully as they constitute conditions for employment:

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview or hiring process regardless of when such misrepresentation or omission is discovered , may result in the refusal of employment, or if employed, immediate termination.
3. The persons, schools, current and prior employers ( if approved by me in the Employment Record section), and other organizations or employers named in this application were authorized by me to verify the information I have provided and to provide the Association with information that may be requested by it to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the Association from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I agree to protect the Association’s confidential information, including the names, addresses or other confidential information regarding Association clients, and I will not disclose to the Association any confidential information of others.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and that understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
6. In the event that I am employed, I agree to conform to the Association’s rules and regulations, I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the Association or I can terminate our relationship at any time for any reason with or without advance notice and with or without cause. I understand and agree that , although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no representative of the Association has any other authority to make an agreement contrary to the foregoing or to enter into any agreement for employment for any specific period of time.

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