

YWCA Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status or sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please print or type

Date of application: _____

Position(s) applied for: _____

Referral source: Advertisement Friend Relative Walk-In Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

Email _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No (if yes, give date: _____)

Have you ever been an employee of the YWCA before? Yes No

May we contact your present & past employers? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No (Proof of identity and employment eligibility will be required upon employment)

On which date would you be available for work? _____

Are you available to work Full-time Part-time Temporary Days Evenings

Can you travel if a job requires it? Yes No

Do you have a valid driver's license? Yes No

Are you a veteran of the U.S. Military service? Yes No If yes, Branch _____

***Several of our programs require background checks through the Minnesota Department of Human Services for licensing requirements. If selected for an interview, you will be required to complete and pass a background check for continued employment with the YWCA. Positions not requiring a DHS background check may still be subject to passing a criminal background check.**

THE YWCA IS AN EQUAL OPPORTUNITY EMPLOYER
Women and Minorities are encouraged to apply
Application process continued on next page

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status):

References: Please give name, address, and telephone number of three work references who we may contact and their relationship to you. (Supervisors preferred)

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 if the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Special Skills and Qualifications (Summarize special skills and qualifications acquired from employment or other experiences):

Employment Experience

Start with your present or most recent employer. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Telephone	<u>Dates Employed</u>		WORK PERFORMED
	()	FROM	TO	
Address				
Job Title				
Supervisor		Hourly Rate/Salary		
		Starting	Ending	
Reason for Leaving				
Employer	Telephone	<u>Dates Employed</u>		WORK PERFORMED
	()	FROM	TO	
Address				
Job Title				
Supervisor		Hourly Rate/Salary		
		Starting	Ending	
Reason for Leaving				
Employer	Telephone	<u>Dates Employed</u>		WORK PERFORMED
	()	FROM	TO	
Address				
Job Title				
Supervisor		Hourly Rate/Salary		
		Starting	Ending	
Reason for Leaving				
Employer	Telephone	<u>Dates Employed</u>		WORK PERFORMED
	()	FROM	TO	
Address				
Job Title				
Supervisor		Hourly Rate/Salary		
		Starting	Ending	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary					High School				College/ University				Graduate/ Professional			
School Name																	
Years Completed/ Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma Degree																	
Describe Course of Study																	

Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities	
---	--

Honors Received: State any additional information you feel may be helpful in us considering your application.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and myself in writing. In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD NOT TO EXCEED 1 YEAR. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE ABOUT THE STATUS OF HIS/HER APPLICATION.

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks	_____		
		Interviewer	Date
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment _____
Job Title	Hourly Rate	Department	
By	_____		_____
	Name and Title	Date	

Applications can be returned to: 32 E First St. Duluth, MN 55802 * emailed to ywca@ywcaduluth.org * or faxed to 218-722-2765