

APPLICATION FOR EMPLOYMENT

We appreciate the opportunity to review your qualifications for employment with the YWCA Central Carolinas. This employment application will only be valid for 30 days from the date of application and will only be accepted for positions currently available. If you wish to be considered for employment subsequent to the date entered below, a new application must be completed.

The YWCA fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with the requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws.

Each section must be completed. A resume may be submitted in addition to this application, if desired.

Date: _____

PERSONAL DATA

Name: _____ SS# _____
First Middle/Maiden Last

Permanent Address: _____
Street/P.O. Box City State Zip

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____ County _____

If you are under 18 years of age, please specify your age here _____. This will be used only for child labor law purposes.

Please list position(s) for which you are applying: _____

Type of Employment Desired: Full Time Part Time Temporary Seasonal Other _____

Have you ever been employed by the YWCA before? Yes ___ No ___ If yes, indicate under what name, position, location and dates of employment: _____

Availability for Employment: Full-Time ___ Part-Time ___ Temporary ___ Date Available: _____

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

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? Yes ___ No ___

Driver's License Number, if driving is an essential job function _____ State: _____

Are you able to meet the attendance requirements of the position applied for? Yes ____ No ____

EDUCATION

NAME OF SCHOOL (Give the name of the school and City and State where located)	No. of Years Completed	Graduated?		Year Graduated If no Degree, Credits earned	Major	Minor	Grade Point	Overall GPA
		YES	NO					
High School (Name & Location)								
College or University (Name & Loc)								
Technical/GED (Name / Location)								
Other (Name and Location)								

SKILLS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

List any training, as well as conferences, courses or internships which you feel are relevant to the position for which you are applying:

Foreign languages spoken or read fluently: _____

List all software of which you have a working knowledge: _____

REFERENCES (OTHER THAN LISTED IN EMPLOYMENT HISTORY AND NOT RELATED BY BLOOD OR MARRIAGE):

NAME and E-mail Address	TELEPHONE	NO. OF YEARS KNOWN

EMPLOYMENT HISTORY

Starting with your **most recent** position, provide information for your past three employers, assignments or volunteer activities. Please complete all information even if you include a resume.

Company: _____ Address: _____

Telephone Number: _____ Dates of Employment: From _____ To _____ Full or Part Time: _____

Name and Title of Supervisor: _____

May we contact? Yes ___ No ___ Supervisor's e-mail address: _____

Job Title: _____ Salary: _____

Briefly describe your duties: _____

Reason for Leaving: _____

Company: _____ Address: _____

Telephone Number: _____ Dates of Employment: From _____ To _____ Full or Part Time: _____

Name and Title of Supervisor: _____

May we contact? Yes ___ No ___ Supervisor's e-mail address: _____

Job Title: _____ Salary: _____

Briefly describe your duties: _____

Reason for Leaving: _____



EMPLOYMENT HISTORY (Continued)

Company: _____ Address: _____

Telephone Number: _____ Dates of Employment: From _____ To _____ Full or Part Time: _____

Name and Title of Supervisor: _____

May we contact? Yes ___ No ___ Supervisor's e-mail address: _____

Job Title: _____ Salary: _____

Briefly describe your duties: _____

Reason for Leaving: _____

CERTIFICATION: I certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I further authorize the YWCA Central Carolinas ("YWCA") to make an investigation and inquiries of my prior employment history, my qualifications and abilities, my statements in this application, my criminal history/records and any other related matters in arriving at an employment decision. I hereby authorize my previous employers to provide all information that they may have concerning my past employment and release all persons and organizations from any liability in making such statements.. I further release the YWCA, the board members, employees and other agents of and from any and all potential liability arising from such investigation and inquires of the above information and/or the completion of substance abuse testing, fingerprinting and criminal record check requirements.

I understand that any omission of fact, false or misleading information given in this application for employment, any attachments to it or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, suspension or discharge, as applicable.

Date: _____ Signature: _____