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| ywca logo - stacked | **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, gender identity, 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 (PLEASE PRINT). 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 convicted of any law violation (except a minor traffic violation)?

Do not include sealed or expunged convictions………………...…………………………………….... Yes []     No []

If yes, give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**(A "Yes" answer does not automatically disqualify you from employment. The nature of the offense, date of occurrence, and the job for which you are applying are also considered.)**

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 | No. of Years Completed | Graduated?  YES NO | | If no Degree, Credits earned | Major | Minor | Grade  Point | Overall  GPA |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 – NOT RELATED BY BLOOD OR MARRIAGE):**

|  |  |  |
| --- | --- | --- |
| **NAME** | **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 \_\_\_\_

Job Title:

Briefly describe your duties:

Reason for Leaving:

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|  |

Company: Address:

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

Name and Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact? Yes \_\_\_\_ No \_\_\_\_

Job Title:

Briefly describe your duties:

Reason for Leaving:

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|  |

Company: Address:

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

Name and Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact? Yes\_\_\_\_ No \_\_\_\_

Job Title:

Briefly describe your duties:

Reason for Leaving:

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**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: