

# Application for Employment

**YWCA Central Carolinas 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 and we will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, age, sex (including pregnancy, gender identity and sexual orientation), physical or mental disability, veteran or military status, genetic information, marital status, reprisal or retaliation for prior civil rights activity or any other legally recognized protected basis under federal, state or local law. The information collected on this application is solely to determine suitability for employment and will only be used for purposes consistent with federal, state and local laws.

In accordance with the requirements of the Americans with Disabilities Act and state or local laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants and employees in order that they may be given a full and fair opportunity to be considered for employment. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on YWCA Central Carolinas.

**Each section of this application must be completed in full and be legible.** An incomplete or illegible application may affect your consideration for employment. Additional information on a separate attachment, a cover letter and/or resume/CV may be submitted in addition but not in lieu of this application.

## General Information

Application Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last Other

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Cell Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you related to anyone who currently works for this YWCA?  Yes - if yes, please provide name & relation  No

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Did a current YWCA employee refer you to apply?  Yes - if yes, provide name  No \_\_\_\_\_

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

Do you now, or in the future, require immigration sponsorship for work authorization (e.g. H-1B)?  Yes  No

Are you 18 years or older?  Yes  No - you may be required to submit a youth employment certificate if offered a job

## Position Information

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

Applying for:  Full-time  Part-time  Temporary  Seasonal  Other \_\_\_\_\_

Date Available: \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Days/Times Available – for part-time positions only (specify times if selecting AM or PM):  NA – applying for full-time position

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<input type="checkbox"/> AM _____	<input type="checkbox"/> AM _____	<input type="checkbox"/> AM _____	<input type="checkbox"/> AM _____	<input type="checkbox"/> AM _____	<input type="checkbox"/> AM _____	<input type="checkbox"/> AM _____
<input type="checkbox"/> PM _____	<input type="checkbox"/> PM _____	<input type="checkbox"/> PM _____	<input type="checkbox"/> PM _____	<input type="checkbox"/> PM _____	<input type="checkbox"/> PM _____	<input type="checkbox"/> PM _____
<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

Have you ever been employed by YWCA (either this or another location)?  Yes  No  NA

If yes, please provide the following regarding your prior YWCA employment - Dates of Employment: \_\_\_\_\_

Name at Time of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Location Name: \_\_\_\_\_ Location City/State: \_\_\_\_\_

## Skills/Training Information

Summarize any trainings, conferences, courses, skills, secondary languages, software, licensures and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Some positions may require applicants to provide proof of certification during onboarding as a requirement of employment.

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- NA  Adult/Child CPR/AED/First Aid, Expiration Date: \_\_\_\_\_ or Date Expected: \_\_\_\_\_
- NA  Lifeguard/CPR/AED, Expiration Date: \_\_\_\_\_ or Date Expected: \_\_\_\_\_
- NA  Instructor Other Certification – Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- NA  Instructor Other Certification – Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- NA  Instructor Other Certification – Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Background Information

Have you ever been discharged, suspended or asked to resign from a position?  Yes - *If yes, please explain*  No

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Have you ever been convicted of a crime, other than a minor traffic violation, that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation?  Yes - *If yes, explain*  No

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If applying for a position that requires you to drive on the organization's behalf or drive an organization owned vehicle (e.g. Youth Programs), please answer the following:

Do you have a valid NC or SC Driver License?  Yes  No  NA

Have you been a licensed driver for at least 3 years?  Yes  No  NA

Have you had three (3) or more driving violation convictions in the last three (3) years?  Yes  No  NA

**Note:** You are not required to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest. Answering "Yes" does not necessarily preclude you from employment as we perform individualized assessments for all applicants. The nature of the offense, date of occurrence and the job for which you are applying are also considered.

## Education Information

Name/City/State	Graduated?	# of Yrs Attended	Degree/Diploma, Major/Minor
<u>Provide Name below</u> of High School/GED Center	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Provide Name below</u> of Undergraduate - College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Provide Name below</u> of Graduate – College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Provide Name below</u> of Vocational/Trade or other School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# Application for Employment

## Employment Information

Starting with your most recent position, provide information for your past three relevant employers, assignments, internships and/or volunteer activities. Please complete all information even if you submit a resume with your application.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  Full-time  Part-time

Name of Supervisor: \_\_\_\_\_ If current employer, may we contact?  Yes  No

If no, when can we contact? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  Full-time  Part-time

Name of Supervisor: \_\_\_\_\_ If current employer, may we contact?  Yes  No

If no, when can we contact? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Title: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  Full-time  Part-time

Name of Supervisor: \_\_\_\_\_ If current employer, may we contact?  Yes  No

If no, when can we contact? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Reference Information

Provide information for 3 - 5 professional or educational references that we may contact. Individuals should not be related to you. Please complete all information even if you submit a resume with your application.

Name	Phone	Email	Type of Reference

## Certification

Please read carefully before initialing and signing this document.

\_\_\_\_\_ I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for YWCA Central Carolinas ("YWCA") to hire me. If I am hired, I understand that either YWCA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of YWCA has the authority to make any assurance to the contrary.

\_\_\_\_\_ I understand, where permissible under applicable federal, state or local law, I may be subject to a pre-employment drug screening after receiving a verbal/conditional offer of employment and must receive a negative result for illegal drug use before my scheduled first day of employment with YWCA. I understand that a separate notice of rights and responsibilities form will be provided to me prior to any drug screening.

\_\_\_\_\_ I understand, where permissible under applicable federal, state or local law, I may be subject to a pre-employment background check after receiving a verbal/conditional offer of employment to investigate my criminal background, driving record, credit history and other matters related to my suitability for employment as applicable to the specific position offered. The offer is contingent upon the successful completion and outcome of the background check. I understand that a separate disclosure and consent form will be provided to me prior to any background check. Background checks will not be administered on anyone under the age of 18.

\_\_\_\_\_ I authorize YWCA and its representatives to contact my current and former employers (as noted on this application), schools, references and other persons or organizations I have named in this application (and any attachments provided with this application) for the purpose of verifying the information I have provided including but not limited to employment history, qualifications, abilities, skills and education. I release my current and former employers, schools, references and other persons or organizations from any liability resulting from the information released. I authorize employers, schools and other persons or organizations to provide information as requested.

\_\_\_\_\_ I understand employment with YWCA is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ I release YWCA Central Carolinas, YWCA board members, YWCA employees and other representatives of and from any and all potential liability arising from verifying any of the provided information in this application (and any attachments provided with this application) and/or the completion of drug screening, criminal record check and reference check.

***I understand that any omission, false or misleading information given in this application for employment (including any attachments provided with this application) or in my interview(s) will constitute cause for denial of employment, withdrawal of my conditional offer of employment or immediate suspension and/or dismissal, as applicable regardless of the amount of time that has passed. I attest with my signature below that, to my knowledge, I have given to YWCA true and complete information on this application and any attachments provided and no requested information has been concealed.***

***My signature is evidence that I have read and agree with the above statements.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_