

Application for Employment

Qualified applicants are considered for employment without regard to race, color, creed, ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, veteran status or status with regard to public assistance.

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employee Agency Other _____

Name of source (if applicable) _____

Contact Information

Name _____ Date ____/____/____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY ZIP CODE

Telephone # () _____ Cell/Other Phone # () _____ E-mail Address _____

If necessary, best time to call you at home is _____ : _____ AM PM

May we contact you at work? Yes No AM

If yes, work number and best time to call _____ () _____ : _____ PM

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and positions(s) _____ / / _____

Have you ever been employed here before? Yes No

If yes, give dates from ____/____/____ to ____/____/____.

Work Desired

Position(s) applied for _____

Date available for work..... ____/____/____ what is your desired rate of pay? \$ _____

Type of employment desired Full-time Part-time Temporary Seasonal Other

Will you work additional time, if required?..... Yes No

If no, please explain _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a misdemeanor or felony? Yes No

If yes, please provide date(s) and details _____

Note: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Are you legally eligible for employment in this country?..... Yes No

Are you under 18 years of age? Yes No

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average. E. Major field of study. F. Minor field of study (if applicable).

A. School	B. Number of years completed	C. Degree Diploma	D. GPA	E. Major	F. Minor

Job-Related Skills/Special Training

Special training, licenses and/or certificates: _____

Additional Information

List any additional information you would like us to consider. _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER _____ TELEPHONE # _____
 ()
 ADDRESS _____
 STARTING JOB TITLE / FINAL JOB TITLE _____
 IMMEDIATE SUPERVISOR AND TITLE _____
 REASON FOR LEAVING _____
 MAY WE CONTACT FOR REFERENCE? YES _____ NO _____ LATER _____

DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB DUTIES
FROM	TO	
HOURLY RATE/SALARY		
STARTING		
\$	PER	
HOURLY RATE/SALARY		
FINAL		
\$	PER	

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 MAY WE CONTACT FOR REFERENCE? YES _____ NO _____ LATER _____

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\$	PER	
HOURLY RATE/SALARY		
FINAL		
\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Applicant Statement

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YWCA St. Paul's service, whenever it is discovered.

I expressly authorize, without reservation, the YWCA St. Paul, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YWCA St. Paul, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the YWCA St. Paul reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute contract for employment for any specified period or definite duration. I understand that no representative of the YWCA St. Paul is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the YWCA St. Paul's executive director.

I understand that if I am employed my position duties and responsibilities; working conditions; and hours of work are subject to change at the discretion of management.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms as stated above.

Signature of Applicant _____ **Date** ____/____/____

APPLICANT FLOW RECORD YWCA St. Paul

The YWCA St. Paul is committed to equal employment opportunity for all applicants without regard to race, color, creed, ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, veteran status, status with regard to public assistance, or any other characteristic protected under federal, state, or local law. The information requested on this form is used by the YWCA St. Paul to comply with federal, state, and county regulations that support a diverse workplace. Responses will remain confidential and will not affect your consideration for employment. Submission of this information is voluntary and refusal to provide it will not adversely affect consideration for employment.

Name: _____ Date: _____

Position Applied For: _____

How did you hear about this employment opportunity? _____

Ethnicity:

Hispanic or Latino

Race:

American Indian or Alaska Native *(Not Hispanic or Latino)*

Asian *(Not Hispanic or Latino)*

Black or African American *(Not Hispanic or Latino)*

Native Hawaiian or Other Pacific Islander *(Not Hispanic or Latino)*

White *(Not Hispanic or Latino)*

Two or More Races *(Not Hispanic or Latino)*

Disability Status (Please check all that apply to you):

Physically Disabled: Yes No

Mentally Disabled: Yes No

Vietnam Era Veteran Yes No

Disabled Veteran Yes No

Gender:

Female Male

DEFINITIONS OF TERMS

Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

American Indian or Alaska Native (*Not Hispanic or Latino*): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian (*Not Hispanic or Latino*): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (*Not Hispanic or Latino*): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (*Not Hispanic or Latino*): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (*Not Hispanic or Latino*): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (*Not Hispanic or Latino*): All persons who identify with more than one of the above five races.

Individual with a Disability: Any person who has a physical, sensory, or mental impairment which “materially” (Minnesota) or “substantially” (Federal) limits one or more major life activity or has a record of or is regarded as having such an impairment. “Individual with a Disability” does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a direct threat to property or to the safety of others.