

Certification

Please read carefully before signing

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.

If employed at the YWCA of O'ahu I agree to conform to the guidelines and policies of the Organization, and understand that **my employment is At-Will and can be terminated at any time and for any reason.**

I understand and agree that only the President and CEO of the organization has any authority to enter in to any agreement to employ me for any specified period of time or to modify terms and conditions of my employment and such an agreement must be in writing and signed by the President and CEO.

I consent to and authorize the Organization to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Organization with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the organization's review of this applicant, I release the Organization and all providers of any information from any liability as a result of furnishing and receiving this information.

I understand and agree that I may be require to submit to drug testing and a complete post-offer medical examination, as part of my application for employment. I also understand and agree that I may be required to submit a complete medical examination during my employment with the Organization, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Organization. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory testing to the Organization in accordance with state and federal laws. The Organization will keep such results confidential and disclose the result only to person who need to know or where required by law, Also. I agree to fully cooperate and provide the Organization with any additional consent(s) and/or releases as required by the Organization to investigate my employment application.

I understand and agree that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Organization if I an employed by the YWCA of O'ahu.

By signing below, I acknowledge that I have read the above statements and authorize the Organization to take actions toward my consideration of employment with the YWCA of O'ahu.

Signature of Applicant

Date

eliminating racism
empowering women
ywca
o'ahu

application for employment

Thank you for your interest in the YWCA of O'ahu. You must properly complete ALL portions of this employment application to be considered for employment at YWCA of O'ahu. If you require accommodations during the employment application process, including assistance in the completion of this employment application, please let us know. This Organization is an equal employment opportunity employer; we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, or other protected categories in accordance with state and federal laws. This employment application is valid for 90 days after submission to the Organization and only for the position applied.

Please print, If additional space is required, attach sheet.

Personal Information

Last Name	First Name	Middle Initial
Address	Street	Telephone Number
		Apartment #
City	State	Zip Code
		Other Phone Number

Social Security Number ____ / ____ / ____

Are you a U.S Citizen or are you legally authorized to work in the U.S.?

- Yes If you are offered employment, you will be required to submit documentation
 No as require by the 1986 Immigration Reform and Control Act

Position for which you are applying _____

- Full-Time Part -Time Desired Salary/Wage _____

This Organization is prohibited from permitting any person less than 18 years of age to sell or serve liquor. If hired for any position which involves the sale or service of liquor, can you provide proof that you are of age to legally sell liquor as required by law?

- Yes No

Do you have friends or relative working for the YWCA of O'ahu?

- Yes No if yes, who _____

Have you previously applied for a job with the YWCA of O'ahu?

- Yes No if yes, when and where _____

Have you previously worked for the YWCA of O'ahu?

- Yes No if yes, when _____

How were you referred to the YWCA of O'ahu?

Schedule Availability

Most of the positions available require working flexible days/hours. Please indicate your availability by days and hours.

	Flexible Anytime	Specific Days and Times Available
Monday	<input type="checkbox"/>	To
Tuesday	<input type="checkbox"/>	To
Wednesday	<input type="checkbox"/>	To
Thursday	<input type="checkbox"/>	To
Friday	<input type="checkbox"/>	To
Saturday	<input type="checkbox"/>	To
Sunday	<input type="checkbox"/>	To

If hired, on what date can you begin work? _____

Education

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

Special Skills / Qualifications / Training

Summarize special job related skills and qualifications acquired from employment or other special training and experience.

Clerical Skills

Knowledge of only	Hands on working experience		Knowledge of only	Hands on working experience	
<input type="checkbox"/>	<input type="checkbox"/>	Typing _____ W.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	Proofreading
<input type="checkbox"/>	<input type="checkbox"/>	Calculating Machine 10-key touch? _____	<input type="checkbox"/>	<input type="checkbox"/>	Internet Usage
<input type="checkbox"/>	<input type="checkbox"/>	Computer What type? _____	<input type="checkbox"/>	<input type="checkbox"/>	Switchboard, how many lines _____
<input type="checkbox"/>	<input type="checkbox"/>	Word Processing			

Continue on next page

Employment History

List the most recent employer first. Please list all employers and account for any period that you were NOT working. (Failure to disclose all information and /or falsification will invalidate this employment application and lead to termination of employment) if additional space is needed, attach sheet.

Employer	Dates of employ M/YR to M/YR	Worked Performed
Address	City/State	
Telephone no(s)	Hourly Rate/Monthly Salary	
Job Title	Supervisor	Starting
Reason for leaving	Final	
May We contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates of employ M/YR to M/YR	Worked Performed
Address	City/State	
Telephone no(s)	Hourly Rate/Monthly Salary	
Job Title	Supervisor	Starting
Reason for leaving	Final	
May We contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates of employ M/YR to M/YR	Worked Performed
Address	City/State	
Telephone no(s)	Hourly Rate/Monthly Salary	
Job Title	Supervisor	Starting
Reason for leaving	Final	
May We contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates of employ M/YR to M/YR	Worked Performed
Address	City/State	
Telephone no(s)	Hourly Rate/Monthly Salary	
Job Title	Supervisor	Starting
Reason for leaving	Final	
May We contact for reference <input type="checkbox"/> YES <input type="checkbox"/> NO		

Continue on next page