



APPLICATION FOR EMPLOYMENT

1610 Spy Run Avenue, Fort Wayne, IN 46805 (260) 424-4908

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Email address: _____

How did you hear about this position/opening? _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been employed by a YWCA before? _____ If yes, when? _____ Position(s) held? _____

Do you have relatives currently employed with us? _____ If yes, please list their name(s)/position(s) _____

POSITION FOR WHICH YOU ARE APPLYING

Position applied for _____ Full-time Part-time

Salary expectations: \$ _____/hour \$ _____/week \$ _____/year

EDUCATION (Please indicate if records are listed under another name.)

High School _____ Location _____ #of years _____

Major field of study _____ Type of Degree Received _____

College/Technical School _____ Location _____ #of years _____

Major field of study _____ Type of Degree Received _____

Other _____ Location _____ #of years _____

Major field of study _____ Type of Degree Received _____

Courses _____

CERTIFICATION AND LICENSES

CPR Adult Community Expiration Date: _____ **First Aid** Expiration Date: _____ **CDL** Expiration Date: _____

GENERAL INFORMATION

Have you ever been bonded? No Yes Has bond ever been refused? No Yes

Have you ever been convicted of a crime? No Yes

Criminal data records are completed on all potential employees and volunteers.

EMPLOYMENT RECORD (Please indicate if records are listed under another name.)

Place of Employment: _____ **Address:** _____

Type of Business: _____ Supervisor/Title: _____ Phone: _____

Position at Starting: _____ Position at Leaving: _____

Rate of Pay: Starting \$ _____/hourly or salary Ending \$ _____/hourly or salary

Date Employed: From _____ to _____ Reason for Leaving: _____

Place of Employment: _____ **Address:** _____

Type of Business: _____ Supervisor/Title: _____ Phone: _____

Position at Starting: _____ Position at Leaving: _____

Rate of Pay: Starting \$ _____/hourly or salary Ending \$ _____/hourly or salary

Date Employed: From _____ to _____ Reason for Leaving: _____

Place of Employment: _____ **Address:** _____

Type of Business: _____ Supervisor/Title: _____ Phone: _____

Position at Starting: _____ Position at Leaving: _____

Rate of Pay: Starting \$ _____/hourly or salary Ending \$ _____/hourly or salary

Date Employed: From _____ to _____ Reason for Leaving: _____

REFERENCES (Do not include relatives - provide at least one past employer)

Name: _____ Address: _____ Phone: _____

Your relationship to the reference: _____

Name: _____ Address: _____ Phone: _____

Your relationship to the reference: _____

Name: _____ Address: _____ Phone: _____

Your relationship to the reference: _____

| For Office Use |
|----------------|
| Chk'd _____ |
| Chk'd _____ |
| Chk'd _____ |

1. The YWCA is an Equal Opportunity Employer. We do not discriminate because of race, color, sex, religion, age, national origin sexual orientation, disability, military service or citizenship status.
2. The YWCA operates a Drug-Free Workplace in compliance with federal statutes. If hired, you will be asked to sign a Drug-Free Workplace certification statement.
3. The YWCA is an "at will" employer. If hired, your employment may be terminated by you or by the YWCA at any time with or without cause. No verbal representation made by any YWCA staff member is to be construed as a contract for employment.

I certify answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Reference and background checks will include previous employers, my given references and sources developed by the YWCA, including online databases. Offers of employment are contingent upon favorable reference and criminal history checks.

I also understand that falsification of this application or any accompanying data may result in my dismissal from any position at the YWCA.

Signature in ink _____ Date _____

Your application will be considered active for 90 days. For consideration after 90 days, you must resubmit an application.