

APPLICATION FOR EMPLOYMENT

Please fill out completely. An incomplete application may delay or disqualify you. Please attach a résumé or other information summarizing your experience that you would like to have considered with your application. Please alert us if you require assistance or accommodation in the application process. Be advised that all employees must be screened for criminal and child abuse history, and must provide documentation showing authorization to work in the U.S.

The YWCA of Salt Lake City is an Equal Opportunity Employer

Position applied for	Date of application
Where did you hear about this job opening?	

Last Name	First Name	Middle Name	Social Security Number
Address	City	State	Zip
Day Phone	Evening Phone	Messages	

Have you or has a member of your family ever been an employee, volunteer or client of the YWCA of Salt Lake City? Yes No If yes, please explain.

Have you ever been convicted of a crime? Yes No
 If yes, please explain. Answering yes will not necessarily preclude your employment at the YWCA.

Are you available to work weekdays weekends days evenings nights

Are you interested in work which is full time part time temporary summer other (specify)

On what date could you begin?

What languages do you speak fluently? _____ Passably? _____

EMPLOYMENT EXPERIENCE: Start with your present or most recent job. *Significant volunteer activities should be included.* If you need additional space, please continue on a separate sheet of paper. All applicants must supply the following information; a résumé is not sufficient.

Employer		Supervisor Name Phone May we contact? <input type="checkbox"/> yes <input type="checkbox"/> No	
Address		Dates Employed (Month/Year) From: To:	
Phone ()	Hours Worked Per Week	Starting Wage/	Ending Wage/
Position			
Primary Duties			
Number of Employees You Supervised		Reason for Leaving	

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Position			
Primary Duties			

Number of Employees You Supervised	Reason for Leaving

EDUCATION Type of School	Name and Location (City, State)	Course of Study	Degree/Diploma Date
1. High School or GED			
2. Business or Technical			
3. Undergraduate Studies			
4. Graduate Studies			
5. Other Job-Related Training or Professional Licenses			

REFERENCES: Please list or attach names of three persons, excluding friends and family members, who have knowledge of your work experience and professional qualifications. References should include at least one direct supervisor.

Name and Occupation	Relationship	Phone Number(s)
1.		
2.		
3.		

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that employment with the YWCA is "at will", which mean that an employee may resign at any time without stating a reason or giving notice, or that the YWCA may terminate employment at any time with or without notice.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY:

Disposition: Hired Not Hired Rehired

Start Date _____ Hours per week _____ Wage _____

Title _____

Supervisor Signature _____

Director Signature _____

Revised: 02-2008

Voluntary Information for Equal Opportunity and Veterans Reporting

This organization is an Equal Opportunity / Affirmative Action employer.

The information below is needed to measure the effectiveness of our recruitment and is in conformity with federal government guidelines that require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer cannot discriminate either on the basis of this information, or on whether you choose to furnish this information. However, if you choose not to furnish it, under federal regulations this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.

Position applied for: _____ Date: _____

I wish to furnish this information
(please print name)_____

I do not wish to furnish this information
(please print name)_____

Please check the appropriate box: Female Male

ETHNIC CATEGORY (check one)

- WHITE (not of Hispanic origin) – All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- ASIAN or PACIFIC ISLANDER – All persons having origins in any of the original people of the Far East, Southeast Asia and the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- AMERICAN INDIAN or ALASKA NATIVE – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.
- HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- TWO or MORE RACES (Not Hispanic or Latino) – All persons who identify with more than one of the above four races.

Please check if the following categories are applicable:

- HANDICAPPED INDIVIDUAL** – A person who (1) has a physical or mental impairment that substantially limits one or more of her or his major life activities; (2) has a record of such impairment, or (3) is regarded as having such an impairment. A handicap is “substantially limiting” if it is likely to cause difficulty in securing, retaining, or advancing in employment.

- SPECIAL DISABLED VETERAN** – (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation under laws administered by the Department of Veterans’ Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

- VIETNAM ERA VETERAN** – a person who (i) served on active duty in the U.S. military ground, naval or air service for a period of more than 180 days and who was discharged or released from there with other than a dishonorable discharge, if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975 in all other cases or (ii) was discharged or released from active duty in the U.S. military ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (B) between August 5, 1964 and May 7, 1975 in any other location.

- NEWLY SEPARATED VETERAN** - any veteran who served on active duty in the U.S. military ground, naval, or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

- OTHER PROTECTED VETERAN** – any veteran who served on active duty in the U.S. military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

FOR OFFICE USE ONLY

Hired: Yes No

EEO-1 Category: