

**YWCA** 

118 Vine Street Evansville, IN 47708 P: (812) 422-1191 F: (812) 422-8705 www.ywcaevansville.org

## APPLICATION FOR EMPLOYMENT/INTERNSHIP

Thank you for your interest in employment at YWCA Evansville. Please provide all information requested to be sure that all of your qualifications are considered.

We consider all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, sexual orientation, gender identity, political affiliation, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, we comply with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. We also provide "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable state and local laws.

Interviews and selections are made on the basis of qualifications. Your application will be kept on file for one year from the date of application.

Today's Date:	Date Available to Begin Employment:			
Position Desired:	Latest Degree (if applicable):			
Name:				
Last	First Middle		Middle	
Address:Street Home Phone:	City Cell Phone:		State	Zip
Email Address:	How did you hear about us?			
Schedule you are willing to work: (check all that apply)	□ Full-time	□ Part-t	ime	
Shift you are willing to work: (check all that apply) 🗆 Day	□ Eve	ning	□ Night	
Are you willing to work weekends? □ Yes	□ No			
Salary Desired: If your past employment reco	ords are in anot	her name, <sub>l</sub>	olease list:	
Have you ever applied for a position with YWCA Evansville?		□ No		
If yes, when?				
Have you ever worked for YWCA Evansville, or any YWCA?	□ Yes		□ No	
If yes, when?				
Do you have any relatives who are either currently employed				
□ Yes □ No				
If yes, who?				
Have you ever been arrested for or convicted of a crime that be a bar to employment. This information will be used only for job-relation.    Yes   No			•	
Are you authorized to work in the United States on a full-time	e basis for all er	nployers?		
☐ Yes ☐ No If no, please exp	lain:			

(Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, YWCA Evansville will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.)

### **EDUCATION**

Name of School	Location	Check Last Year Completed	Graduate? Yes or No	Degree, Course, or Major
High School		□ 9 □ 10 □ 11 □ 12		
		<b>9 10 11 12</b>		
Bus./Trade School		<b>1 2 3 4</b>		
		□1 □2 □3 □4		
College-Undergraduate		<b>1 2 3 4</b>		
		<b>1 2 3 4</b>		
Other		<b>1 2 3 4</b>		
		<b>1 2 3 4</b>		
Internships Residencies Field Placements				
	l			1

# Professional Data (If Applicable)

Licensure, Certification, and/or Registration

Туре	Identification Number	State	Expiration Date

### **Special Skills**

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On a scale of 0-5, with 0 indicating no experience and 5 indicating highly	proficient, rate your experience with the following:					
Microsoft Word: Microsoft Outlook: Microsoft Excel: _	Data Entry:					
□ Other (please indentify and rate):						
Other skills helpful in position applying for:						
Employment History						
Have you ever been discharged or requested to resign from a position?	□ Yes □ No					

If yes, please explain: \_\_\_

Beginning with your current/most recent employment, please complete the section below in full.

Company:	Job Title:	From: (mo/year) to (mo/year)
Address:	City/State:	Final Salary:
Manager:		Phone:
Duties:		
		Name under which employed:
Reason for Leaving:		How much notice did you give?
Company:	Job Title:	From: (mo/year) to (mo/year)
Address:	City/State:	Final Salary:
Manager:		Phone:
Duties:		
		Name under which employed:
Reason for Leaving:		How much notice did you give?
Company:	Job Title:	From: (mo/year) to (mo/year)
Address:	City/State:	Final Salary:
Manager:		Phone:
Duties:		
		Name under which employed:
Reason for Leaving:		How much notice did you give?
Company:	Job Title:	(mo/year) to (mo/year)
Address:	City/State:	Final Salary:
Manager:		Phone:
Duties:		
		Name under which employed:
Reason for Leaving:		How much notice did you give?

NOTE: If you have additional work experience, please provide the information on a separate sheet of paper.

### **References**

List individuals who have knowledge of your work background. (Do not list relatives or supervisors named on previous page.)

Name: _		Occupation/Relationship:	# of Years Known:	
	ldress:			
	ne:			
Name: _		Occupation/Relationship:	# of Years Known:	
Email Ad	ldress:			
Cell Pho	ne:	Home Phone:		
Name: _		Occupation/Relationship:	# of Years Known:	
Email Ad	ldress:			
Cell Pho	ne:	Home Phone:		
	N	otice: Read Carefully		
I unders	tand and agree that:			
<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	This information I have provided on this applicate omission of any fact in my application, resume, comployment, or, if employed, termination from the Drug Free Workplace Policy of YWCA Evansor screening as required by the Drug Free Workplace obtained from such screening to YWCA Evansville. In processing my application for employment, You that all my present and former employers and the employment record, including a statement of the qualities pertinent to my qualifications for employmenting the requested information.	or any other materials, or during my interview, YWCA Evansville.  ville requires a drug screening of all applicants for the ce Policy of YWCA Evansville, and I consent to the le.  WCA Evansville may verify all the information phose individuals I have listed as personal reference reason for the termination of my employment, hereby releasing them from any and a	for employment. I agree to undergo a drug the release of any information or data provided by me. I authorize and request ences furnish information about my nt, work performance, abilities, and other all liability for damages arising from	
	and a criminal history background check. I authoremitted by applicable law.	orize and request that YWCA Evansville perform		
5.	5. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of any employee handbook, personnel policies, benefit plans or other company practice, shall serve to create an actual or implied contract for employment, or otherwise to change in any respect the employment at-will relationship between me and YWCA Evansville. The employment at-will relationship may be terminated by either me or YWCA Evansville at any time without any specified notice or reason. This employment at-will relationship is not changed by any subsequent revision or modification to any of the benefits, policies, or procedures of YWCA Evansville.			
Date:	Signature:			
	F	FOR ADMINISTRATIVE USE ONLY		
Authoriz	ed Salary:	By:	Date:	