



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, sexual orientation, disability, 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

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____ How did you hear about us? _____

Schedule you are willing to work: (check all that apply) [] Full-time [] Part-time

Shift you are willing to work: (check all that apply) [] Day [] Evening [] Night

Are you willing to work weekends? [] Yes [] No

Salary Desired: _____ If your past employment records are in another name, please list: _____

Have you ever applied for a position with YWCA Evansville? [] Yes [] 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 by YWCA Evansville or serving on the YWCA Board of Directors?
[] Yes [] No
If yes, who? _____

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? (A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.)
[] Yes [] No

Are you authorized to work in the United States on a full-time basis for all employers?
[] Yes [] No If no, please explain: _____

(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		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Bus./Trade School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
College-Undergraduate		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Internships Residencies Field Placements				

Professional Data (If Applicable)

Licensure, Certification, and/or Registration

Type	Identification Number	State	Expiration Date

Special Skills

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 identify 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: _____ 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? _____

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: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Occupation/Relationship: _____ # of Years Known: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Occupation/Relationship: _____ # of Years Known: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Notice: Read Carefully

I understand and agree that:

1. This information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during my interview, can be justification of refusal of employment, or, if employed, termination from YWCA Evansville.
2. The Drug Free Workplace Policy of YWCA Evansville requires a drug screening of all applicants for employment. I agree to undergo a drug screening as required by the Drug Free Workplace Policy of YWCA Evansville, and I consent to the release of any information or data obtained from such screening to YWCA Evansville.
3. In processing my application for employment, YWCA Evansville may verify all the information provided by me. I authorize and request that all my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. I understand that YWCA Evansville requires various background checks. I understand that this includes, but is not limited to fingerprinting and a criminal history background check. I authorize and request that YWCA Evansville perform such background testing to the extent permitted by applicable law.
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: _____

FOR ADMINISTRATIVE USE ONLY

Authorized Salary: _____ By: _____ Date: _____

Reviewed By: _____ Date: _____