



YWCA NEW BRITAIN

19 Franklin Square
New Britain, CT 06051
(860) 225-4681

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, national origin, sex (including pregnancy, gender identity and sexual orientation) military status, genetic information, disability, marital status or age.

MISSION STATEMENT: The YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

Personal Information:

Date: _____

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

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Email: _____
(Days) (Evenings)

Are you under 18 years of age? Yes [] No [] If yes, your date of birth: ___/___/___

Employment Desired:

Position: _____ Date available to start: _____

Wage Rate desired: \$ _____ Hourly [] Monthly [] Annually []

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends [] Holidays [] Nights [] Overtime []

Full time: [] Part-time: [] Summer: [] Day: [] Evening: [] Temporary: [] Other: [] Explain: _____

Can you perform the essential functions of the position for which you are applying? Yes No

Have you applied/worked for this company before? Yes [] No [] Date: _____

Are you related to anyone in our employ or on our Boards? Yes [] No [] If yes, state name and department: _____

Referred by: _____

Work Experience:

Please list past employers, starting with most recent and working back. You may also include verifiable volunteer work.

Name of employer: _____ Start Date: _____ End Date: _____ Hours per week _____

Address: _____

Duties/Title: _____ Telephone: _____

Supervisor's Name: _____ May we contact: Yes No

Reason for leaving: _____ If no, reason _____

Name of employer: _____ Start Date: _____ End Date: _____ Hours per week _____

Address: _____

Duties/Title: _____ Telephone: _____

Supervisor's Name: _____ May we contact: Yes No

Reason for leaving: _____ If no, reason _____

Name of employer: _____ Start Date: _____ End Date: _____ Hours per week _____

Address: _____

Duties/Title: _____ Telephone: _____

Supervisor's Name: _____ May we contact: Yes No

Reason for leaving: _____ If no, reason _____

Most convenient time for interview: Morning [] Afternoon [] Evening []

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

Are you legally eligible and prepared to meet this requirement: Yes No

Professional References:

Persons who have definite knowledge of your qualifications:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Position</u>	<u>Relationship</u>
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Education:

High School

School Name:

Address:

Major Course:

Diploma/Degree Yes [] No [] Currently Attending [] Years completed _____

Business or College

School Name:

Address:

Major Course:

Diploma/Degree Yes [] No [] Currently Attending [] Years completed _____

Graduate School

School Name:

Address:

Major Course:

Diploma/Degree Yes [] No [] Currently Attending [] Years completed _____

Skills Checklist:

Are you experienced in using personal computers? Yes No PC Mac

Are you able to use [name any software programs that are required for the position, e.g., Microsoft Word or Excel].
What other programs are you capable of using?

Foreign Language(s):

List Current Certifications: (Such as: First Aid, CPR, Lifeguard Training, etc.)

Summarize special job-related skills and qualifications acquired from employment, other experience or job-related organizations that are relevant to position. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

IMPORTANT, PLEASE READ CAREFULLY BEFORE SIGNING:

If you have any questions regarding the following, ask the employment interviewer before signing.

1. I understand employment is contingent upon satisfactory background reports.
2. I understand all employees have an initial employment period until YWCA New Britain has determined proficiency is satisfactory.
3. I understand employment at YWCA New Britain is for no fixed period of time and may be terminated by myself or by YWCA New Britain at any time. I further understand that no employee of YWCA New Britain is authorized to make any representation to the contrary.
4. I hereby authorize YWCA New Britain to inquire of each of my former employers and other persons having information concerning me.
5. I confirm I am able to perform the essential functions of the position.
6. I attest with my signature below that I have given to the YWCA New Britain true and complete information on this application. No requested information has been withheld. If it is disclosed I have withheld or falsified material information, I understand that this will constitute cause for the denial of employment or if employed, immediate dismissal.
7. This is not a contract of employment, or any other type of contract, either expressed or implied. If I am hired, my employment is at will and I may terminate it at any time, and YWCA New Britain may do the same. Only the Executive Director of YWCA New Britain has the power to enter into employment contracts, and such statements by others will not be adhered to.

Date: _____ **Signature:** _____

(DO NOT WRITE BELOW THIS LINE)

Interviewed by: _____ Date: _____ Hired: [] Yes [] No

Position: _____ Dept.: _____

Date Reporting to Work: _____ Salary/Wage: _____

Approved: _____
Supervisor

Interviewer's Comments:

Signature: _____ **Date:** _____