

Position(s) applying for: _____

How did you learn about us? Advertisement Friend Walk-In Relative
 Employment Agency Website Other _____

General Information

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____ (other) _____

Email: _____

Are you able to perform the essential functions of the position with or without a reasonable accommodation? Yes No

If under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you looking for Seasonal, P/T or F/T work? _____

If P/T, how many days & hours per week are you willing to work? _____ # of days
 10 – 15 15 – 20 20 – 25 25 – 30 Evenings Weekends

Are you currently on “lay off” status and subject to recall? Yes No

Can you travel if a job required it? Yes No

Do you have a valid PA driver’s license? Yes No

Do you speak any languages other than English? Yes No

Have you ever been convicted of a crime? Yes No If yes, please describe the crime.
Where & when you were convicted & the disposition of the case:

Do you have current clearances from PA State Police & PA Child Abuse?

Yes No

Background Clearances will be required upon employment.

Proof of citizenship or immigration status will be required upon employment.

Education

Highest Grade Completed: _____ High School: _____

College: _____ Degree: _____

Other Training/Qualifications/Skills: _____

Current Certifications

First Aid Exp. Date: _____ Red Cross Life guarding Exp. Date: _____

CPR/AED Exp. Date: _____ Water Safety Instructor Exp. Date: _____

Other: _____

Employment Experience

Employer: _____ Dates Employed: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ Start Salary: _____ End Salary: _____

Employer: _____ Dates Employed: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ Start Salary: _____ End Salary: _____

Employer: _____ Dates Employed: _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____ Start Salary: _____ End Salary: _____

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

The YWCA Gettysburg & Adams County is an equal opportunity employer and selects the best matched individual for the job based upon job-related qualifications, regardless of race, color, religion, gender, national origin, age, disability or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the YWCA will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or interviews. I authorize such investigation and the giving and receiving of any information requested by the YWCA and I release from liability any person giving or receiving any such information. I understand that falsification of any information so given or derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the organization at any time without liability for wages or salary except such may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during employment of the YWCA.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, a work schedule other than Monday through Friday. I understand and accept these as conditions for my continuing employment.

I further understand that this is an application for employment and that no other employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that the YWCA can change wages, benefits and conditions at any time.

I have read and understand the above.

Signature of Applicant

Date