** YWCA NorthEastern NY**

**44 Washington Avenue**

**Schenectady, NY 12305 – 1799**

Phone (518) 374-3394 Fax (518) 374-3385

**Application for Employment**

**Application Procedures:** This Application for Employment should be accompanied by both a cover letter and a current resume if requested in the job posting. In your letter, state your philosophy about working for a private, not-for-profit agency whose mission is focused on the elimination of racism and the empowerment of women.

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**PLEASE TYPE OR PRINT**

Name First:       Middle:       Last:

Current Address Street:

City:       State:       Zip Code:

Phone/Email Home #:       Cell #:       Email:

Do you have the legal right to work in the US? [ ] Yes [ ] No (proof of citizenship or legal work permit will be required if employed)
Position applying for:
How did you learn about this position?
Have you ever been employed by the YWCA? [ ] Yes\* [ ] No
 \*If yes, which YWCA and when?

Have you ever been convicted of a crime? [ ] Yes\* [ ] No
 \*If yes, please explain:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **NAME OF SCHOOL** | **LOCATION OF SCHOOL** | **# OF YEARS ATTENDED** | **DEGREE/CERTIFICATE** |
| **HIGH SCHOOL/GED** |       |       |       | Completed? [ ] YES [ ] NO |
| **COLLEGE(S)** |       |       |       |       |
| **GRADUATE SCHOOL(S)** |       |       |       |       |
| **TECHNICAL OR BUSINESS TRAINING** |       |       |       |       |

Copy of diploma(s) or college degree(s) will be required if employed.

**EMPLOYMENT –** LIST LAST THREE POSITIONS STARTING WITH YOUR CURRENT (OR IMMEDIATE PAST) EMPLOYER.

Company Name:       Phone:

Address:

Supervisor’s Name:       May we contact? [ ] Yes [ ] No

Reason for Leaving:       Employed From:       To:

Position Held:       Final Salary:

Position Responsibilities:

Company Name:       Phone:

Address:

Supervisor’s Name:       May we contact? [ ] Yes [ ] No

Reason for Leaving:       Employed From:       To:

Position Held:       Final Salary:

Position Responsibilities:

Company Name:       Phone:

Address:

Supervisor’s Name:       May we contact? [ ] Yes [ ] No

Reason for Leaving:       Employed From:       To:

Position Held:       Final Salary:

Position Responsibilities:

**US MILITARY INFORMATION:**

Branch of Service:       Rank at Discharge:

Date of Entry:       Release Date:

**RELEVANT PROFESSIONAL CERTIFICATIONS/LICENSES/MEMBERSHIPS –** Must be current. (Copies will be required if employed.)

**RELEVANT ADDITIONAL WORK AND/OR VOLUNTEER EXPERIENCE**:

**REFERENCES:** LIST THREE (3) REFERENCES, including one supervisor.

|  |  |  |
| --- | --- | --- |
| **NAME** | **CELL PHONE** | **EMAIL** |
|      |       |       |
|       |       |       |
|       |       |       |

 **Please read the following statements closely:**

* I hereby guarantee the completeness and correctness of the information shown on this application.
* I grant the YWCA permission to contact my references, including former supervisors, and anyone known to me within the YWCA.
* If employed, any misstatement or omission of facts may result in my dismissal.
* I understand this application is not an employment contract. If employed, the employment relationship may be terminated at any time, and for any reason, by the employee or employer.

Signature:       Date:

**YWCA NORTHEASTERN NY IS AN EQUAL EMPLOYMENT/AFFIRMATIVE ACTION EMPLOYER**