

**YWCA NorthEastern NY**44 Washington Avenue  
Schenectady, NY 12305  
518.374.3394

**Employment Application Form: Executive Director**

Please send a resume to accompany this application as well as a cover letter that includes explicit references to your experience and how it ties to furthering the YWCA mission.

**PLEASE TYPE or PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Name:       Date:

Present Address:       How Long?

Telephone:       E-mail:

If appointed, when would you be available to start?

How did you learn of this opening?

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LEVEL | NAME OF SCHOOL | LOCATION | # OF YRS COMPLETED | MAJOR & DEGREE | PHONE of Registrar Office |
| College |  |  |  |  |  |
|  |  |  |  |  |  |
| Graduate School |  |  |  |  |  |
|  |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |

**WORK EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. EMPLOYMENT DATES: | NAME OF ORGANIZATION: | LOCATION: | SALARY: | CONTACT: | Name/Phone to verify employment: |
|  | TITLE: | MAJOR RESPONSIBILITIES: (not necessary if described on resume) | | | |
| 2. EMPLOYMENT DATES: | NAME OF ORGANIZATION: | LOCATION: | SALARY: | CONTACT: | Name/Phone to verify employment: |
|  | TITLE: | MAJOR RESPONSIBILITIES: (not necessary if described on resume) | | | |
| 3. EMPLOYMENT DATES: | NAME OF ORGAIZATION: | LOCATION: | SALARY: | CONTACT: | Name/Phone to verify employment: |
|  | TITLE: | MAJOR REPSONSIBILITIES: (not necessary if described on resume) | | | |

1. Have you ever been a member of, worked at or served as a volunteer at a YWCA?  Yes  No  
     
   If yes, please elaborate:
2. Do you have a valid driver’s license or consistently reliable way to get to work and to frequent off-site appointments?  Yes  No
3. Have you ever been in the U.S. Armed Forces?  Yes  No
4. Are you now a member of the U.S. National Guard?  Yes  No
5. Do you have the necessary documentation proving your legal right to work in the U.S.?  Yes  No
6. If appointed, are you willing to submit to and pass a controlled substance test?  Yes  No
7. Are you able to perform the essential functions of this position, either with or without reasonable accommodation?  Yes  No
8. Have you ever been convicted of a crime?  Yes  No

If yes, explain conviction(s), how recently such offense(s) was/were committed, and disposition of the case:

What first-hand experience and abilities do you have in the following areas? Mark the appropriate column for each type of experience.

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Developing strength and confidence in this area** | **First-hand experience in this area** | **Several years of demonstrated/high level of strength and high confidence in my ability in this area** |
| Leadership  -- YWCA Mission fulfillment, including racial justice   and women’s economic empowerment |  |  |  |
| -- Growing and motivating the board |  |  |  |
| -- Growing and motivating staff |  |  |  |
| -- Growing the assets of the organization as a whole |  |  |  |
| Nonprofit Operations Management |  |  |  |
| Nonprofit Financial Management and Negotiating Skills |  |  |  |
| Nonprofit Planning and Visionary Thinking |  |  |  |
| Organizing work |  |  |  |
| Program and staff supervision in the area of |  |  |  |
| Program and staff supervision in the area of |  |  |  |
| Program and staff supervision in the area of |  |  |  |
| Program and staff supervision in the area of |  |  |  |
| Program Development/staff supervision experience – other areas |  |  |  |
| Advocacy for racial justice and girls’ and women’s empowerment |  |  |  |
| Fundraising – Direct Solicitation |  |  |  |
| Fundraising – Grant Writing |  |  |  |
| Fundraising – Events |  |  |  |
| Verbal and written communication skills, Marketing, Communications |  |  |  |
| Community Relations |  |  |  |
| YWCA Relations |  |  |  |

What abilities do you have with these/other computer software programs? Mark the appropriate level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Software** | **New to Me** | **Familiarity/ Some Use** | **Command of General Functions** | **Advanced Abilities** |
| MS Word |  |  |  |  |
| MS Excel |  |  |  |  |
| MS PowerPoint |  |  |  |  |
| MS Access |  |  |  |  |
| Accounting Software (please name): |  |  |  |  |
| Website Design/Upkeep (please name): |  |  |  |  |
| Other Software (please name): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please list three recent work related references other than relatives. Letters of recommendation may be attached if you prefer.

Name:       Relationship:

Position:       Organization:

Address:       Telephone: (     )

E-mail:

Name:       Relationship:

Position:       Organization:

Address:       Telephone: (     )

E-mail:

Name:       Relationship:

Position:       Organization:

Address:       Telephone: (     )

E-mail:

May we conduct a comprehensive reference check with those listed above as well as those not listed above that you are known to have worked with?

Yes  Yes, with the exception of: (please list)

Please contact me first  Not at this time

**Please Read Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this organization, terms for my immediate expulsion from the organization.

I am aware that a background check may be conducted as a part of considering my application. As noted above, I permit the YWCA to examine my record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the organization, my former employers & all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_