

APPLICATION FOR EMPLOYMENT

YWCA of Greater Harrisburg

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

This application will provide the YWCA with information to determine whether you are suited for the position for which you are applying. The application serves applicants for all YWCA positions. Please answer every question to the best of your ability. All information will be treated confidentially.

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| P E R S O N A L | Last Name | First | Middle | Date |
| | Street Address | | | Home Telephone () |
| | City, State, Zip | | | Business Telephone () |
| | Have you previously applied for employment with the YWCA of Greater Harrisburg? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____ | | | Social Security Number (voluntary) |
| | Position Desired | | | Pay Expected |
| | Are you related to any current employee of the YWCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please state name and position: _____ | | | Do you need any assistive devices or accommodations for the job in which you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you available for full-time work on holidays, evenings and/or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you legally eligible for employment in the United States? | | | When will you be available to begin work? |
| Have you pleaded guilty to or been convicted of a misdemeanor or a felony in the past ten years which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain the nature of all such crimes and the dates and courts in which you were convicted or pled guilty (any conviction or guilty plea will be considered only insofar as it relates to your suitability for employment in the position for which you are applying): | | | Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what employers? Have you ever been denied bonding? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", why? | |

| E D U C A T I O N | School | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|---|------------------------------|-----------------------------|-----------------|------------------------|---|-------------------|
| | Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Business/Trade/ Technical | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| Keyboarding WPM: _____ Computer Software Proficiencies: certifications, etc.) that _____ _____ _____ _____ _____ | Data Entry: _____ Other special training or skills (i.e., language, competencies, in the position for which you are applying: |
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| EMPLOYMENT | Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. |
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| 1 | Company Name | Telephone () |
| | Address | Employed - (State month and year) From: To: |
| | Name of Supervisor | Weekly Pay Start: Last: |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|----------|---|---|
| 2 | Company Name | Telephone () |
| | Address | Employed - (State month and year) From: To: |
| | Name of Supervisor | Weekly Pay Start: Last: |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|----------|---|---|
| 3 | Company Name | Telephone () |
| | Address | Employed - (State month and year) From: To: |
| | Name of Supervisor | Weekly Pay Start: Last: |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

| | | |
|----------|--------------|---------------------|
| 4 | Company Name | Telephone () |
|----------|--------------|---------------------|

| | | |
|--|---|--|
| | Address | Employed - (State month and year) From: _____ To: _____ |
| | Name of Supervisor | Weekly Pay Start: _____ Last: _____ |
| | State Job Title and Describe Your Work _____ | Reason for Leaving |

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| DO NOT CONTACT | We will contact the employers listed above unless you indicate those you do not want us to contact and provide a reason below: |
| | _____ |

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| MILITARY | Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", in what branch? |
| | Describe any military training relevant to the position for which you are applying. _____ _____ | |

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| Additional information Membership in professional and civic organizations, special accomplishments, volunteer activities, awards, etc. (exclude those which will disclose your race, color, religion, age or national origin) |
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| Applicant's Signature |
| <p>Please read and understand this statement before signing your application. Applications without signature will not be considered for employment at the YWCA.</p> <p>The information I have provided in this application for employment is true, correct and complete. False,</p> |

incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the YWCA of Greater Harrisburg to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request, and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, the YWCA may terminate my employment at any time, with or without cause and without prior notice, and that my employment is "at will". I understand that no one, other than an executive officer of the YWCA, has authority to enter into an employment agreement with terms contrary to the foregoing and then only in writing, signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature

| | Employer | Results |
|--|----------------------------|---------|
| R E F E R E N C E S | Employer: _____ | |
| | Employer Contact: _____ | |
| | Employer: _____ | |
| | Employer Contact: _____ | |
| | Employer: _____ | |
| | Employer Contact: _____ | |

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| E V A L U A T I O N S | Evaluative Tools Administered | Analysis and Comments |
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| I N T E R V I E W S | Interview Name and Comments | |
| | Interviewer Name: _____ | |
| | Interviewer Name: _____ | |