

employment application

Contact Information					
Full Name:				Date:	
Address:	Street	City	State	Zip	
Primary Phone:			Secondary Phone:		
E-Mail Address:					
Employment Desired					
Position(s) Applying For:					
Date Available to Start:			Desired Rate of Pay:		
Seeking:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other
Are you legally eligible for employment in the United States of America?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under 18 years of age?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you submitted an application to the YWCA St. Paul in the past?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide date(s) & position(s) applied for:		Date(s):		Position(s):	
Are you a past YWCA St. Paul employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, dates:	
Employment History					
Most Recent Employer Name & Address:				Phone:	
Your Title:		Start Date:		End Date:	
Reason for Leaving:		Starting Wage:		Ending Wage:	
Supervisor Name & Title:				Phone:	
May we contact employer for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why?:	
Provide a summary of your job duties:					

Past Employer Name & Address:				Phone:	
Your Title:		Start Date:		End Date:	
Reason for Leaving:		Starting Wage:		Ending Wage:	
Supervisor Name & Title:				Phone:	
May we contact employer for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why?:	
Provide a summary of your job duties:					

Past Employer Name & Address:				Phone:	
Your Title:		Start Date:		End Date:	
Reason for Leaving:		Starting Wage:		Ending Wage:	
Supervisor Name & Title:				Phone:	
May we contact employer for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why?:	
Provide a summary of your job duties:					

Comments (Include explanation of gaps in employment):					

Educational Background

Select your highest completed education level:	<input type="checkbox"/> None	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College (not a current student)	<input type="checkbox"/> Some College (current student)	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Advanced Degree
--	----------------------------------	---	--	--	--	---	---

Please list your major(s), and minor(s):

Please list any special training, licenses, and/or certificates that assist in qualifying you for the position:

Please list any additional information you would like us to consider:

Referral Source (Select One)

<input type="checkbox"/> MN Council for Non-Profits	<input type="checkbox"/> Craig's List	<input type="checkbox"/> Walk In
<input type="checkbox"/> Private Agency	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Internet Ad/Job Board
<input type="checkbox"/> Current Employee Referral	<input type="checkbox"/> YWCA Website	<input type="checkbox"/> Other

Applicant Statement

I certify that all information I have provided is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented, may be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from my job with the YWCA St. Paul, whenever it is discovered. I expressly authorize, without reservation, the YWCA St. Paul, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YWCA St. Paul, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the YWCA St. Paul reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute a contract for employment for any specified period or definite duration. I understand that no representative of the YWCA St. Paul is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the YWCA St. Paul's Chief Executive Officer. I understand that if I am employed, my position duties and responsibilities; working conditions; and hours of work are subject to change at the discretion of management. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

NOTICE: At the time a conditional offer of employment is extended and accepted, a criminal background record check will be conducted. The resulting report of any criminal history (if any) will be used to determine whether the nature of your criminal history will have an impact on your employment.

NOTICE: This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. **IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9. In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

By signing below, I certify that I have read, fully understand and accept all of the above terms.

Applicant Signature: _____	Date: _____
----------------------------	-------------

voluntary self-identification

YWCA Employer Statement

The YWCA St. Paul is committed to equal employment opportunity for all applicants without regard to race, color, creed, ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, veteran status, status with regard to public assistance, or any other characteristic protected under federal, state, or local law.

The information requested on this form is used by the YWCA St. Paul to comply with federal, state, and county regulations that support a diverse workplace. Responses will remain confidential and will not affect your consideration for employment. Submission of this information is voluntary and refusal to provide it will not adversely affect consideration for employment.

Applicant Information

Name:	Date:
Position(s) Applied For:	

Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
-----------	--	--

Race	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Two or More Races

Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
--------	---------------------------------	-------------------------------

Disability	Mentally Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Physically Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Veteran	Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------	--------------------	------------------------------	-----------------------------

Do not staple this form to your application.

This form may be submitted with your application, but not attached to it.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.