

# EMPLOYMENT APPLICATION

Full Name		Date	
Address	City	State	Zip Code
Primary Phone		Secondary Phone	
Email Address			

## Employment Desired

Position(s) Applying for: \_\_\_\_\_ Desired rate of Pay: \_\_\_\_\_

Seeking:  Full Time  Part Time  Temporary  Seasonal  Other

Are you under 18 years of age?  Yes  No

Have you submitted an application to YWCA St. Paul in the past?  Yes  No If Yes, provide date(s) and position(s) applied for: \_\_\_\_\_

Are you a past YWCA St. Paul  Employee or  Volunteer If Yes, provide date(s): \_\_\_\_\_

## Employment History *Please complete the section below and attach resume.*

Most Recent Employer Name		Phone	
Address	City	State	Zip Code
Your Title		Start Date	End Date
Reason for Leaving			
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		Phone	
Address	City	State	Zip Code
Your Title		Start Date	End Date
Reason for Leaving			
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			

Additional comments (Please include explanation of any gaps in employment):

*Continued on next page*

## Educational Background

Select your highest completed education level:  None  High School Diploma/GED  Some College (not a current student)  Some College (current student)  
 Associate Degree  Bachelor Degree  Advanced Degree

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

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

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Please list any additional information you would like us to consider

## 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 YWCA St. Paul, whenever it is discovered. I expressly authorize, without reservation, 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 YWCA St. Paul, its agents, employees or representatives, 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 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 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 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.

At the time that 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.

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

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Applicant Signature

Date

# VOLUNTARY SELF-IDENTIFICATION

eliminating racism  
empowering women

**ywca**

St. Paul

## YWCA St. Paul Employer Statement

YWCA St. Paul is committed to equal employment opportunities 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 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:

## Race, Ethnicity, Gender and Veteran Status

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Race:  American Indian/Alaskan Native  Asian American  Black/African American  Hispanic/Latino  Native Hawaiian/Pacific Islander  White

Other: \_\_\_\_\_  Prefer not to answer

Gender:  Female  Male  Non-Binary  Other: \_\_\_\_\_  Prefer not to answer

Are you a veteran?  Yes  No

## Disability

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities<sup>1</sup>. 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.

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. If you already work for us, your answer will not be used against you in any way. 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:

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

### 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

### 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.

<sup>1</sup>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](http://www.dol.gov/ofccp).