



application for employment

We consider all applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Position(s) applied for: _____ Date: _____

How did you learn about us? Advertisement Friend Walk-in Employment Agency
 Relative Other: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____ (other) _____

Social Security Number _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

If so, can we contact your present employer? Yes No

Are you looking for P/T or F/T work? If P/T, how many hours per week are you willing to work? _____

Are you prevented from becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

Do you have a valid PA driver's license? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain: _____

EDUCATION

Highest grade completed: _____ High School: _____

College: _____ Degree: _____

Other Training/Credentials/Honors: _____

CURRENT CERTIFICATIONS

First Aid Exp. Date: _____

Red Cross Lifeguarding Exp. Date: _____

CPR Exp. Date: _____

Water Safety Instructor Exp. Date: _____

Other: _____

EMPLOYMENT EXPERIENCE

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Work performed: _____

Reason for leaving: _____ Starting Salary: _____ Ending Salary: _____

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Work performed: _____

Reason for leaving: _____ Starting Salary: _____ Ending Salary: _____

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone Number: _____

Job Title: _____ Supervisor: _____

Work performed: _____

Reason for leaving: _____ Starting Salary: _____ Ending Salary: _____

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

The YWCA Gettysburg and Adams County is an equal opportunity employer and selects the best matched individual for the job based upon job related qualification, regardless of race, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the YWCA will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or interviews. I authorize such investigation and the giving and receiving of any information requested by the YWCA and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the organization at any time without liability for wages or salary except such may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being consider for prior to employment or in the future during employment with the YWCA.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, a work schedule other than Monday through Friday. I understand and accept these as conditions for my continuing employment.

I further understand that this is an application for employment and that no employment contract and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that YWCA can change wages, benefits and conditions at any time. I have read and understand the above.

Signature of Applicant

Date