

YWCA of New Britain
22 Glen Street
New Britain, CT 06051
860-225-4681

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, national origin, sex, military status, sexual preference, handicap, marital status or age.

The YWCA of the USA is a membership movement of women from diverse backgrounds and faiths, of different ages and experiences committed to empowering women and to eliminating racism.

Personal Information

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Social Security Number _____ Telephone: _____
(Days) (Evenings)

Are you under 18 years of age? Yes () No () If yes, your date of birth: ____/____/____

Employment Desired

Position: _____ Date available to start: _____

Salary desired: _____ Are you employed now? _____

If so, may we inquire of your present employer? _____

Have you applied to this company before? Where and when? _____

Are you related to anyone in our employ or on our Boards? State name and department:

_____ Referred by: _____

Hours/days preferred: _____

Full time: () Part time: () Summer: () Day: () Evening: () Temporary: () Other: () Explain:

Work Experience

Please list past employers, starting with most recent and working back. You may also include verifiable volunteer work.

Name of employer: _____ From: _____ To: _____ Duties/Title: _____

Telephone: _____ Supervisor's Name: _____

Address: _____

Reason for leaving: _____ Starting pay: _____ Final pay: _____

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Name of employer: _____ From: _____ To: _____ Duties/Title: _____

Telephone: _____ Supervisor's Name: _____

Address: _____

Reason for leaving: _____ Starting pay: _____ Final pay: _____

Most convenient time for interview: Morning () Afternoon () Evening ()

Have you ever been convicted of a felony? Yes () No () If yes, describe: _____

Are you a U.S. Citizen, or can you provide proof of employment eligibility? Yes () No ()

References

Persons who have definite knowledge of your qualifications:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Position</u>	<u>Relationship</u>

Education

High School

School Name: _____ Date Entered: _____ Date Graduated: _____

Address: _____ Major Course: _____

Business or College

School Name: _____ Date Entered: _____ Date Graduated: _____

Address: _____ Major Course: _____

Graduate School

School Name: _____ Date Entered: _____ Date Graduated: _____

Address: _____ Major Course: _____

Skills Checklist

Calculator: _____ Data Entry: _____ Typing (WPM): _____ Mouse: _____

Cashier: _____ Word Processing: _____ Windows: _____ Accounting: _____

Foreign Language (s):

List Current qualifications: (Such as: First Aid, CPR, LifeGuard Training)

Please indicate your greatest skills and interests:

Waiver Statement

Please read the following before signing. If you have any questions regarding the following, ask the employment interviewer before signing.

1. Employment is contingent upon satisfactory background reports.
2. All employees have an initial employment period until the YWCA New Britain has determined your proficiency is satisfactory.
3. Employment at the YWCA New Britain is for no fixed period of time and may be terminated by myself or by the YWCA New Britain at anytime. I further understand that no employee of the YWCA New Britain is authorized to make any representation to the contrary.
4. I hereby authorize the YWCA New Britain to inquire of each of my former employers and other persons having information concerning me.
5. The foregoing answers are complete and true. No information has been withheld which effects my application or precludes my employment. I understand that if employed, subsequent disclosure of such falsification is grounds for immediate dismissal.
6. This is not a contract of employment, or any other type of contract, either expressed or implied. If I am hired, my employment is at will and I may terminate it at any time, and the YWCA New Britain may do the same. Only the Executive Director of the YWCA New Britain has the power to enter into employment contracts, and such statements by others will not be adhered to.

Date: _____ Signature: _____

Do not write below this line

Interviewed by: _____ Date: _____ Hired: () Yes () No

Position: _____ Dept: _____

Date Reporting to Work: _____ Salary/Wage: _____

Approved: _____

Supervisor

Interviewer's Comments:

Supplement to Employment Application

The following supplemental information must be provided along with the Authorization.

Name: _____

Social Security Number: _____

Have you ever been convicted of, plead guilty to or plead no contest to a felony, an accusation relating to financial misconduct, or dishonorably discharged from the military?

_____ Yes _____ No

If "Yes", please provide the following information:

Offense(s):

Date(s) of the Offense(s):

Disposition of each Offense:

Note: A conviction of dishonorable discharge may not necessarily bar you from employment.

I certify that the information I provided above is true and complete.

Signature: _____

Date: _____

AUTHORIZATION

I authorize the YWCA of New Britain and it's designates to conduct a thorough inquiry into my background as it deems necessary to determine my suitability for employment. Furthermore, I understand that the inclusion of any false or misleading information in my employment application may be grounds for immediate dismissal.

I also authorize all persons, entities and companies to fully disclose information about me to the YWCA and it's designates. This includes court and other records regarding criminal convictions.

I understand that the information provided to the YWCA of New Britain will be used for employment purposes and I authorize the YWCA of New Britain to use it in that way. I will not hold the YWCA or it's designates liable for the use of the information. I have reviewed this authorization, understand the intent of it as an authorization and release, and I give my full consent for disclosure of the information referenced above.

A photocopy of this Authorization will be as valid as the original, even though the photocopy does not contain an original writing of my signature. I authorize any recipient of this Authorization to accept a copy of this as if it were an original.

Signature

Date

Printed Name (Last, First, Middle Initial)

Maiden (Family) Name or any other Name by which you have been known

Current Address – Street Address

City, State, Zip Code

Previous Address – Street Address, City, State, Zip Code

Date of Birth (Month/Day/Year)

Social Security Number

Driver License Number

State of Issue