



# Women's Center–Youth & Family Services

## Application for Employment

*MISSION: To build a stronger community by fostering the strengths in individuals and by acting as a catalyst to end violence and youth homelessness.*

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State			ZIP		
Day Time Phone				Email Address					
Date Available				Are you available to work on weekends?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Work Preference	FULL TIME <input type="checkbox"/>			PART TIME <input type="checkbox"/>			STAND BY <input type="checkbox"/>		
Position Applied for					How did you hear about this position?				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked/volunteered for this agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, may we contact your employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you speak a second language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list				Read? <input type="checkbox"/>	Write? <input type="checkbox"/>	
Are you able to perform the essential functions of the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
If no, what accommodations could Women's Center – YFS make which would enable you to perform the essential job functions?									
<p>Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility testing.</p>									
EDUCATIONAL BACKGROUND									
High School				Address					
No. of years completed			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College				Address					
No. of years completed			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address					
No. of years completed			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
SPECIALIZED SKILLS AND TRAINING									
Victim Assistance Training	Received from				Date				
Computer software experience	Types								
Other Skills/Training									

## EMPLOYMENT EXPERIENCE

Have you ever been involuntarily terminated from prior employment? YES  NO

If YES, please give details of termination, including date of termination, employer's name and reason for termination.

Please list your experience for the past five years with your present or most recent experience first.  
**A resume may be attached, although the entire application is required and must be completed.**

Company				Phone		
Address				City, State Zip		
Job Title						
Supervisor's Name				Phone		
Responsibilities/Duties						
Reason for leaving						
From: Mth / Yr		To: Mth / Yr		Hours worked per week		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				City, State Zip		
Job Title						
Supervisor's Name				Phone		
Responsibilities/Duties						
Reason for leaving						
From: Mth / Yr		To: Mth / Yr		Hours worked per week		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				City, State Zip		
Job Title						
Supervisor's Name				Phone		
Responsibilities/Duties						
Reason for leaving						
From: Mth / Yr		To: Mth / Yr		Hours worked per week		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**REFERENCES: (Please list one personal and two manager/supervisor references)**

Name		Phone	
Years Acquainted		Relationship	
Name		Phone	
Years Acquainted		Relationship	
Name		Phone	
Years Acquainted		Relationship	

**DIVERSITY STATEMENT**

As an equal opportunity employer with a diverse staff and client population, Women’s Center–Youth & Family Services is committed to creating an inclusive working environment for all. Please describe how your experience and background have prepared you to contribute to this commitment and diversity. (Attach additional pages as necessary.)

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

Women's Center-Youth & Family Services recruits, hires and promotes employees regardless of ancestry, age, color, political affiliation, disability (physical and mental, includes HIV and AIDS), genetic information, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer, or a records or history of cancer), military or veteran status, national origin, race, religion (includes religious dress and grooming), sex/gender (including pregnancy, childbirth, breastfeeding and/or related medical conditions), or sexual orientation or request for FMLA.

**AT-WILL EMPLOYMENT**

You are free to terminate your employment with Women's Center-Youth & Family Services at any time, with or without a reason, and Women's Center-Youth & Family Services has the right to terminate your employment or the employment of others at any time, with or without a reason. Although Women's Center-Youth & Family Services may choose to terminate employment for cause, it is not required. This is called "at-will employment". Most employees at Women's Center-Youth & Family Services are funded by a variety of grants, governmental programs and endowment sources. Continued employment is contingent upon continued receipt of those funds. Conditional employment is contingent upon background check; finger printing; education verification and applicable shots.

**PLEASE READ AND SIGN BELOW**

Women's Center-Youth & Family Services is a feminist organization committed to the empowerment of women, children, youth and men.

I certify that all statements made on this application are true and correct to the best of my knowledge. I hereby authorize Women's Center-Youth & Family Services to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that any false or omitted information which I may or may not give, may result in either denial of employment or termination if hired. I authorize Women's Center-Youth & Family Services to verify all statements on this application, including work references, education, certifications and licenses.

Signature		Date	
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