

YWCA Enid

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, veteran status or any other basis protected by federal or state law.

Applicants Information

First Name:	Middle name:	Last name:
Cell Phone Number:	Home Phone Number:	
Street Address:		
City:	State:	Zip:
How Long have you lived at the above address?		
Previous Street Address:		
City:	State:	Zip:

Can you Provide Legal documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (You will be required to prove documentation)
Are you now, or have you ever been known by any other name, or have you changed your name (first or last)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide:
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? (If you have questions as to what the essential functions are in relationship to the position, please ask the interview before answering this question. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please describe conditions:
Have you ever been convicted of any other crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please describe conditions:

*The existence of a criminal history will not automatically disqualify you from the job you are applying for; do not answer "yes" if your conviction record has been annulled, expunged, vacated, sealed, pardoned, erased, impounded or restricted. If you answer "yes", you will be asked to provide details about the conviction. Please include the nature of the conviction, the date, any sentence served, and any ongoing obligations you have, such as probation. In addition, please note any information about the relevance of the conviction to the job for which you are applying.

Employment Desired

Position Applied for:		
How did you hear about this opening?	Desired Pay Range:	Date you can start?
Please list applicable skills:		
Have You previously applied to the YWCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the YWCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when/where?		
Have you ever done any volunteer work for the YWCA? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, when/where?		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available for part time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	School Name and Location	Number of Years Completed	Major	Degree
High School				
College				
College				
Post-College				
Other Training				
In addition to your work history, are there other skills, qualifications, or experience that we should consider? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list applicable skills:				
Please list any licenses or certifications:				

Employment History (start with most recent employer)

Company Name:		Phone Number:	
Address/City/State:			
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ending Wage:	Ending Position:	
Name of Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:			
Reason for leaving:			

Company Name:		Phone Number:	
Address/City/State:			
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ending Wage:	Ending Position:	
Name of Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:			
Reason for leaving:			

Company Name:		Phone Number:	
Address/City/State:			
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ending Wage:	Ending Position:	
Name of Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:			
Reason for leaving:			

References (list three professional references, not related to you, who have known you more than one year)

Name:	Phone:	Years known:
Address		
Name:	Phone:	Years known:
Address		
Name:	Phone:	Years known:
Address		

Please read before signing:

I certify that all information provided by me on this application is true, accurate and complete to the best of my knowledge, and I have withheld nothing that, if disclosed, would alter the integrity of this application. I understand that any omission, misrepresentation or falsification in connection with this application process may be grounds for denial of employment or, if hired, immediate termination or employment.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States of the first day of employment. I have received from the YWCA a list of approved documents that are required.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statement.

Signature: _____

Date: _____

YWCA Enid

Pre-Application FCRA Disclosure and Authorization

I understand that a background check (Consumer Report) will be obtained for employment purposes at the YWCA.

The YWCA will make inquiries to Oklahoma State Bureau of Investigation (OSBI), a Consumer Reporting Agency, concerning your employment suitability and qualification. You may contact OSBI: By Phone: 405-848-6724, By Mail: 6600 North Harvey Place, Oklahoma City, OK 73116, or find contact information on OSBI using any computer connected with the World Wide Web at: www.ok.gov/osbi/criminal_history.com. [Please do not contact OSBI for the status of your employment application. OSBI does not have access to this information and will not be able to respond to your request.]

The YWCA will verify all or part of the information I give and gather information related to my background. I hereby authorize the YWCA to procure a consumer report and, to the extent permitted by law, make any inquiry into my credit history, motor vehicle or driving record (s), criminal and civil record, prior employment (including contacting prior employers), education and other public record information. I understand that inquiries may include any incidents of dishonesty, violence or drug-related drug offences. This authorization shall apply to pre-employment and post-employment inquiries, and shall be valid, if I am hired throughout my employment.

- I understand and agree to this authorization
- I do not agree

A consumer report will be used. You may request a copy of any report obtained by the YWCA.

Note: Date of Birth is used only for background check purposes. This information is not provided to the hiring manager prior to hiring. Please provide your date of birth: _____.

Signature: _____

Date: _____

YWCA Enid EEO Report Form

The information we request on this form is to be used in our confidential reports to the government agencies which require data about our job applications. **This form will be kept in a file separate from your application form and will not be used in any way in connection to the processing of your application for employment.**

Name: _____

Address: _____

Phone Number: _____ Social Security #: _____

Birthdate: _____

Position Applied for: _____

Sex: Male Female Race: White
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Asian
 American Indian or Alaska Native
 Hispanic or Latino
 Two or More Races

Referred By:

If applying for a specific position, please provide the following referral information:

- Newspaper
- Non-profit Organization (which one: _____)
- Craigslist
- Newspaper (which one: _____)
- University/College (which one: _____)
- Word-of-mouth
- Walk-in
- Other Website (which one: _____)
- Employee Referral (Name: _____)
- Other (Please specify: _____)

***Will be submitted to the YWCA separate from your application.*