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| **Womens Center YFS logo (5)** | **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.* | | |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | M.I. | | | | | | | | | |  | | | | | | | | Date | | | | |  | | | | |
| Street Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | | | | | | | |  | | | | |
| City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | ZIP | | | | | | |  | | | | | | | | | | | | | | | | |
| Day Time Phone | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Evening Phone | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | | | |  | | | | | | | | | | | | | Email Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Preference | | | | | | | | | | | | | | | | | | | | | FULL TIME | | | | | | | | | | | | | | | | | | | | PART TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | STAND BY | | | | | | | | | | |
| Position Applied for | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How did you hear about this position? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO |
| Have you ever worked/volunteered for this agency? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | | If so, when? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently employed? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | | If yes, may we contact your employer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | |
| Do you speak a second language? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | | If yes, please list | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Read? | | | | | | | Write? | |
| Are you able to perform the essential functions of the job? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | | If no, explain | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, what accommodations could Women’s Center – YFS make which would enable you to perform the essential job functions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EducationAL BACKGROUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | | | | | | To | | | |  | | | | | | | Did you graduate? | | | | | | | | | | | | | YES | | | | | | | | NO | | | | | | | | | GED? | | | | | | | | | | | YES | | | | | | | | | | | | | | | NO | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | | | | | | To | | | |  | | | | | | | Did you graduate? | | | | | | | | | | | | | YES | | | | | | | | NO | | | | | | | | | Degree | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | | | | | | To | | | |  | | | | | | | Did you graduate? | | | | | | | | | | | | | YES | | | | | | | | NO | | | | | | | | | Degree | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| SPECIALIZED SKILLS and training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Victim Assistance Training | | | | | | | | | | | | | | | | | | | Received from | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Computer software experience | | | | | | | | | | | | | | | | | | | Types | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Skills/Training | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| work 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Starting Salary $ | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Ending Salary $ | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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 | | | | | | | | | | | NO | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Company | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City State Zip | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Starting Salary $ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Ending Salary $ | | | | | | | | | | | | | | | | |  | | | |
| 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 | | | | | | | | | | | NO | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Company | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City State Zip | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Starting Salary $ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Ending Salary $ | | | | | | | | | | | | | | | | |  | | | | |
| 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 | | | | | | | | | | NO | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | |  | |  | | |  |  | |  | | |  | | | | | | | | | BACKGROUND cHECK | | | | | | | | | Have you ever been convicted of a misdemeanor or felony? | | | | | YES | | NO | | If YES, give details below indicating the nature and circumstances of each crime including the date and location of each crime. | | | | | | | | |  | | | | | | | | | **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.) | | | | | | | | |  | | | | | | | | |

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| |  | | --- | | **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT** | | Women’s Center–Youth & Family Services recruits, hires and promotes employees regardless of race, color, religion, national origin or ancestry, age, gender, sexual orientation, marital status, medical condition, ability or any other characteristic protected by applicable federal, state or local law. Women’s Center–Youth & Family Services is an equal opportunity employer. Women’s Center–Youth & Family Services strives to be culturally sensitive. Women’s Center - Youth & Family Services responds respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each person. | | **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 authorize Women’s Center–Youth & Services and its representatives to inquire of all former employers, or others who know me or know of me. 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 |  |