Employment Application

eliminating racism empowering women

ywca

1018 Jefferson Ave. Toledo, OH 43604 Phone: 419-241-3235 Fax: 419-255-5752

Fax: 419-255-5752	We are dedicated to providing equal employment opportunities to all			
Date of Application:	employees and applicants for employment without regard to race, color, religion, sex, ancestry, national origin, citizenship status, age, pregnancy, disability, genetic information or condition, sexual orientation, gender identity or expression, military status or status as a veteran, in accordance with applicable laws.			
Position(s) applied for:				
How did you hear about this position? (Please check):				
Friend Relative Walk-In				
Advertisement Employment Agency Oth	ner:			
Name:(Last) (First)	(Middle)			
Address:	, ,			
Phone:Emai				
If employed and under 18, can you furnish a work permit?	?	Please check r Yes	No No	
Have you applied for work here before?		Yes	No	
If "Yes" give date:				
Have you been employed here before? If "Yes" give date:		Yes	No	
Are you employed now?		Yes	No	
May we contact your present employer?		Yes	No	
Do you have reliable transportation to and from work?		Yes	No	
Are you a United States citizen or authorized to work in the United States?		Yes	No	
On what date would you be available to work?				
Can you travel if a job requires it?		Yes	No	
Are you on a layoff and subject to recall?		Yes	No	

Record of Education				
School	Name and Address	Course of Study	Years Completed	If Received, List Degree
Elementary				
High School				
College				
Other (Specify)				

Honors Received: State any additional use a separate sheet of paper.	onal information you feel may	be helpful to us in conside	ring your application. If necessary, please
Do you speak a foreign language: If	so, note below. Please list yo	ur ability to read and write	in that language:
Employment History			
	clude organization names,		with your present or last job. Include r race, religion, color, national origin,
Employer:	Dates F	mployed	Work Performed
Address:	Dates Employed From To		Work Gromed
Job Title:			
Supervisor:	Telephone:		
Reason for Leaving:			
Employer:	Dates E	mployed	Work Performed
Address:	From	То	
Job Title:			
Supervisor:		Telephone:	
Reason for Leaving:			
reassifier Essaving.			
Employer:	Dates E	mployed	Work Performed
Address:	From	То	
Job Title:			
Supervisor:		Telephone:	
Reason for Leaving:			
-			

Please list three professional references from current or former supervisors.

Name	Address	Telephone
1.		
2.		
3.		

APPLICANT'S CERTIFICATION AND RELEASE

Please Read and Sign

PLEASE READ CAREFULLY BEFORE SIGNING

EQUAL EMPLOYMENT OPPORTUNITY

Employer is dedicated to providing equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, ancestry national origin, citizenship status, age, pregnancy, disability, genetic information or condition, sexual orientation, gender identity or expression, military status or status as a veteran, in accordance with applicable laws. In addition, Employer complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, benefits and training.

TRUTH

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that Employer is relying on my complete honesty. I understand that any inaccuracy, misrepresentation, or incomplete answer provided by me in this application will cancel the application or may result in termination if I have been employed.

INVESTIGATION

I understand that, as a condition of employment, Employer must conduct and receive favorable results of a thorough preemployment investigation, and periodic investigations throughout employment. These investigations include, but may not be limited to, current employer reference checks, former employer reference checks, personal reference checks, criminal record checks, drug testing, education records, credit bureau reports, financial institution account verification checks, investigation and review of all internet and web postings and comments made by me, physical examinations, and a review of my driving record if I am applying for a position that involves driving.

I authorize Employer to conduct these investigations to obtain any requested information, and to update this information, and to investigate all statements made by me in this application. I direct current and former employers, all references, individuals, organizations, and all applicable government agencies to respond to questions concerning my application for employment. I understand that the information released or provided is for business use by Employer and may be disclosed to third parties as necessary in the conduct of its business. If I am hired, I authorize Employer to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal and proper interest. I release Employer, these parties and any individual, including record custodians, from any and all liability for any damage that may result from furnishing the requested information or any of my personal records.

I am not subject to a covenant-not-to-compete agreement, or any other work restricting agreement. I agree to indemnify and hold Employer harmless for any damages and legal expenses in the event that this representation and warranty is or becomes false. I agree not to use any confidential or proprietary information from prior employment in my employment with Employer and agree not to disclose any information I am contractually or otherwise legally bound to keep confidential.

EMPLOYMENT AT WILL

or Employer, with or without notice, and w	vith or without reason, sation, and my benefits	in accordance with the may be changed at an	byment can be terminated at any time by me he laws of the State of Ohio. The terms and by time by Employer. Any oral statements or as and regulations of Employer.	
I have read, understand and by my signature	e consent to these state	ements.		
Applicant's Signature		Date		
For Employer's Use Only				
Interview Results:				
Interview	Da	ate	Comments	
Reference Check:				
Employer/Person Contacted		Comments		