



54 Nagle Avenue
New York, NY 10040
(212) 569-6200
www.ywashhts.org

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation, citizenship status, or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone (____) _____ Social Security ____-____-____

Cell Phone (____) _____ Email: _____

If employed and you are under 18, can you furnish a work permit? ___Yes ___No

Have you filed an application here before? ___Yes ___No
If yes, give date _____

Have you ever been employed here? ___Yes ___No
If yes, please give date _____

Are you employed now? ___Yes ___No

May we contact your present employer? ___Yes ___No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___Yes ___No

(Proof of citizenship or immigration status may be required upon employment.)

On what date will you be available for work? _____

Are you available to work ___Full Time ___Part time ___Temporary

Are you on a lay-off and subject to recall? ___Yes ___No

Can you travel if a job requires it? ___Yes ___No

Have you been convicted of a felony in the last 7 years? ___No ___Yes

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, Please explain _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Employment Experience

Start with your present job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, creed, sexual orientation, marital status, disability, citizenship status, age, or national origin.

Employer: _____ Telephone: _____ Address: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	<table border="1"> <tr><th colspan="2">Dates Employed</th></tr> <tr><th>From</th><th>To</th></tr> <tr><td> </td><td> </td></tr> <tr><th colspan="2">Hourly Rate/Salary</th></tr> <tr><th>Starting</th><th>Final</th></tr> <tr><td> </td><td> </td></tr> </table>	Dates Employed		From	To			Hourly Rate/Salary		Starting	Final			Work Performed _____ _____ _____
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From	To													
Hourly Rate/Salary														
Starting	Final													

If you need additional space, please continue on a separate sheet of paper.
Special Skills and Qualifications
 Summarize special skills and qualifications acquired from employment or other experience _____

Education

	Elementary School	High School	College/ University	Graduate/ Professional
School Name				
Years Completed: (Please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe Specialized Training, Skills, and Extra Curricular Activities

Indicate languages you speak, read, and/or write.

Fluent

Good

Fair

Speak

Read

Write

Activities

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex, creed, sexual orientation, marital status, disability, citizenship, age or national origin):

References

Give name, address, and telephone number of three references who are not related to you:

1. _____

2. _____

3. _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment, without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation, citizenship status, or veteran status, or the presence of a non-job-related medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For: _____

Name _____ Phone(____) _____
Last First Middle

Address _____
Street City State Zip

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, and handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Please check one: Male Female

Please check one of the following:

Race/Ethnic Group: White African-American Latino
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Veteran Disabled Veteran Handicapped Individual

Are you a Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please check off where applicable and sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signature

Date

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Agency.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks: _____

Interviewer _____ Date _____

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____
Signature and Title

Date