



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													
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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