



YWCA OF LUBBOCK

Application for Employment

Position applying for: _____ Today's Date: _____

How did you hear about this position? _____ Available Start Date: _____

PERSONAL INFORMATION

Name: _____ Cell Phone: _____

Current Address: _____ Alternative Phone _____

City, State, Zip: _____ E-mail: _____

If you have worked for the YWCA before, list date(s) and position(s):

Are you related to anyone currently or previously employed by the YWCA of Lubbock? YES NO

If yes, please state their name and your relationship: _____

Is any additional information relative to change of name, use of an assumed name, or a nickname necessary to check on your work record? YES NO If yes, explain: _____

Do you possess a valid driver's license? YES NO

Are you authorized to work lawfully in the United States? YES NO

If hired, a Form I-9, Employment Eligibility Verification, must be completed at the start of employment.

EDUCATION

School	City, State	Years Attended	Major Area of Study	Degree / Completed?
High				
School:				
College:				
Graduate				

ADDITIONAL TRAINING

Please list special skills and/or training that would enhance your candidacy for this position. (For example, office/clerical applicants should list computer and software training and experience, etc.; childcare applicants list music, art, sports, etc.)

Skill	Training Experience

CERTIFICATIONS

Course	Certifier and Date	Expiration Date
First Aid		
CPR		
Lifeguarding		
Water Safety Instructor		
Teacher/Coach		
Other:		

ACTIVITIES

Briefly summarize community, school, or other experiences that will enable you to carry out the responsibilities of the position you are seeking, including working with children if applicable.

Experience	Purpose, Role, and Results

WORK SCHEDULE

Day of the Week	Part-Time (Indicate hours available to work)	Full-Time (indicate hours available to work)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

REFERENCES

List three (3) persons NOT related to you who can judge your qualifications for the position for which you are applying.

Name	Relation to you	Phone number or Email address

Employment Experience

Employer's Name	Position/Major Responsibilities:	Dates Employed From: To: May YWCA contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer's Phone number and Address	Reason for Leaving:	Supervisor's Name and Phone number
Employer's Name	Position/Major Responsibilities:	Dates Employed From: To: May YWCA contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Employer's Phone number and Address	Reason for Leaving:	Supervisor's Name and Phone number



Why would you like to have this position?

What do you feel best qualifies you for this position?

Please read the following statements carefully:

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 HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION. 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 employee.

Signature of Applicant

Date