

Today's Date: _____



YWCA ELMIRA

Please Print

APPLICANT INFORMATION			
Last Name		First	M.I.
Street Address		Apartment/Unit #	
City		State	ZIP
Phone		E-mail Address	
Date Available		Desired Salary (hr/salary):	
Position Desired		Hours Available	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a misdemeanor?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain*

*You need not disclose a conviction a) that was judicially expunged or sealed ; b) for a marijuana-related offense over 2 years old; c) if you completed a pre- or post-trial diversion program; or, d) for a misdemeanor for which prohibition was successfully completed (or discharged) and the case was judicially dismissed. A conviction will not necessarily bar employment.

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Highest grade completed
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Other degrees or licenses held:

Which computer programs can you operate?

Other knowledge, skills, abilities:

REFERENCES	
<i>Please list three professional references</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

ACKNOWLEDGEMENT AND SIGNATURE *Please read carefully, initial each paragraph and sign below*

_____ I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made in this application will be sufficient cause for denial of employment with or discharge from the YWCA Elmira and the Twin Tiers. I understand that nothing contained in this application, or the granting of an interview, is intended to be contract of employment. I also understand that employment with YWCA Elmira and the Twin Tiers is "at-will" and that either of us may terminate the relationship at anytime, for any reason, with or without cause. I certify that if employed by the YWCA Elmira and the Twin Tiers, I will abide by all company rules and regulations.

_____ I authorize the YWCA Elmira and the Twin Tiers to investigate my background to determine my suitability for employment and to use any information lawfully obtained for any employment related purpose permitted by law. This investigation may include checking with the schools and employers I have identified, reviewing criminal conviction, and driving records, and verifying any other relevant information about me. I release and waive any claims I may have against and indemnify the YWCA and the Twin Tiers and any of the schools, former employers, and other persons or entities for any loss or injury I may sustain as a result of any disclosure made related to this application.

_____ The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination. I authorize any physician, hospital, laboratory, or collection site to release to Hampton Inn the results of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with the YWCA Elmira and the Twin Tiers.

Signature

Date