



Employment Application  
211 Lake Street  
Elmira, NY 14901  
www.ywcaelmira.com

Phone: (607) 733-5575 Fax: (607) 733-9524

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort.

<b>Current Information</b> (Please print clearly in ink)			
Position Applied for _____			
Date _____			
When will you be available for employment? _____			
Name: _____			
Last	First	Middle	
Address _____			
Street & No., RFD, or P.O. Box	City	State	Zip
Telephone: _____		_____	
Home	Cell		
Email Address _____			

**Education:**

High School: \_\_\_\_\_  
Date Attended: \_\_\_\_\_ Degree ,Major \_\_\_\_\_  
Address: \_\_\_\_\_

Business/Technical School: \_\_\_\_\_  
Date Attended: \_\_\_\_\_ Degree ,Major \_\_\_\_\_  
Address \_\_\_\_\_

Undergraduate College \_\_\_\_\_  
Date Attended: \_\_\_\_\_ Degree ,Major \_\_\_\_\_  
Address: \_\_\_\_\_

Graduate School \_\_\_\_\_  
Date Attended: \_\_\_\_\_ Degree ,Major \_\_\_\_\_  
Address: \_\_\_\_\_

## Specialized Training

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

First Aid: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Where: \_\_\_\_\_

CPR: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Where: \_\_\_\_\_

Water Safety: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Where: \_\_\_\_\_

Lifeguard: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Where: \_\_\_\_\_

AED: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Where: \_\_\_\_\_

Please list computer knowledge and specific software skills:

---



---



---

## Employment History

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

Employer: (Present or most recent)		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per _____		\$ _____ per _____
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. worked per week:		Reason for leaving:		

Employment II

Employer:		Address:		Phone #:	
Job Title:		Name and title of supervisor:		No. supervised by you:	
Date Employed:		Starting Salary		Ending Salary	
		\$ _____ per		\$ _____ per	
Date Separated:	Duties:				
Full time for: Years Months					
_____					
Part time for: Years Months					
_____					
If part-time, number of hrs. worked per week: _____	Reason for leaving:				

Employer:		Address:		Phone #:	
Job Title:		Name and title of supervisor:		No. supervised by you:	
Date Employed:		Starting Salary		Ending Salary	
		\$ _____ per		\$ _____ per	
Date Separated:	Duties:				
Full time for: Years Months					
_____					
Part time for: Years Months					
_____					
If part-time, number of hrs. Worked per week: _____	Reason for leaving:				

**Professional References (Provide 3)**

(a) Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

(b) Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

(c) Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**Please read and sign the statement below.**

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the YWCA Elmira

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize schools and other educational institutions, which I may have attended to reveal my scholastic ratings to the representatives who are investigating my educational background.

Signature \_\_\_\_\_ Date \_\_\_\_\_