

eliminating racism • empowering women



YWCA SAN GABRIEL VALLEY
 943 North Grand Avenue, Covina, CA 91724
 Tel: 626.960.2995 • Fax: 626.814.0447 • www.ywcasgv.org

SENIOR SERVICES
 YWCA Intervale
 24-Hour Message Line: 626.214.9465

DOMESTIC VIOLENCE
 YWCA WINGS
 24-Hour Help Line: 626.967.0658

Application for Employment

An Equal Opportunity Employer

Please print clearly.

Date: _____

Last Name	First Name	Middle Name or Initial	Other Name(s) You Have Worked Under
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Address	Street	City	State	Zip Code
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Telephone Number	Social Security Number
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Position Desired	Days and Hours of Work Preferred	Minimum Salary
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If hired, can you provide proof of United States citizenship or provide a legal permit to work in the United States?

YES NO

Education and Training:

Name and Location of School	Highest Level/Years Completed (Circle One)	Graduated (Circle One)	Major Subjects/ Specialization
High School:	8 9 10 11 12	YES NO	
College:	1 2 3 4	YES NO	

Work Experience:

List last ten years of employment. Show most recent experience first. Attach additional sheet if necessary.

Dates Employed (Month/Year): To	Position Title:	Final Salary:
Employer's Name:	Employer's Address:	Employer's Phone Number:
Supervisor's Name:	Reason for Leaving:	
Describe your major responsibilities:		

Dates Employed (Month/Year): To	Position Title:	Final Salary:
Employer's Name:	Employer's Address:	Employer's Phone Number:
Supervisor's Name:	Reason for Leaving:	
Describe your major responsibilities:		

Note: Please attach a resume to this application if you have one.

Dates Employed (Month/Year): To _____ To _____	Position Title:	Final Salary:
Employer's Name:	Employer's Address:	Employer's Phone Number:
Supervisor's Name:	Reason for Leaving:	
Describe your major responsibilities:		

• List any period of unemployment longer than three months and reasons _____

• Do you have any licenses or certificates related to the work for which you are applying? YES NO
If yes, please list: _____

• Do you have any physical condition which may limit your ability to perform the work applied for? YES NO
If yes, please list: _____

Have you ever been convicted of a felony? YES NO If yes, give date, place, and disposition of case. This will not necessarily disqualify you for this position _____

• Do you have the ability to perform the essential functions of this position with or without reasonable accommodations?
 YES NO

• Do you have a valid California driver's license? YES NO Car insurance? YES NO

Computer Experience:

Do you have any experience working with PC computers? YES NO

What computer programs are you able to operate _____

Languages: _____ read write speak
_____ read write speak
_____ read write speak

References:

Please list three persons ***Other than relatives who have knowledge of your work performance:***

Name	Phone Number	Relationship	Years Known
1.			
2.			
3.			

I give permission to verify employment history and all statements contained in this application. I understand that any misrepresentation or omission of facts is cause for immediate dismissal. In the event of my employment by the YWCA of San Gabriel Valley, I agree to abide by all present and subsequently issued policies of the YWCA of San Gabriel Valley. Further, I understand and agree that my potential employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. Lastly, I understand that my potential employment is contingent upon fingerprint/Live Scan with the Department of Justice.

I certify that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____