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**YWCA NORTHEASTERN NY**

**44 Washington Ave**

**Schenectady, NY 12305 – 1799**

Phone (518) 374-3394 Fax (518) 374-3385

**Application for Employment**

**Application Procedures:** This Application for Employment should be accompanied by both a cover letter and a current resume if requested in the job posting. In your letter, state your philosophy about working for a private, not-for-profit agency whose mission is focused on the elimination of racism and the empowerment of women.

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**PLEASE TYPE OR PRINT**

Name First:       Middle:       Last:

Current Address Street:

City:       State:       Zip Code:

Phone/Email Home #:       Cell #:       Email:

Do you have the legal right to work in the US? [ ] Yes [ ] No (proof of citizenship or legal work permit will be required if employed)

How did you learn about this position?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **NAME OF SCHOOL** | **LOCATION OF SCHOOL** | **# OF YEARS ATTENDED** | **DEGREE/CERTIFICATE** |
| **HIGH SCHOOL/GED** |       |       |       | Completed? [ ] YES [ ] NO |
| **COLLEGE (S)** |       |       |       |       |
| **GRADUATE SCHOOL (S)** |       |       |       |       |
| **TECHNICAL OR BUSINESS TRAINING** |       |       |       |       |

**Copy of diplomas will be required upon interview.**

**EMPLOYMENT –** LIST LAST TWO POSITIONS STARTING WITH YOUR CURRENT (OR IMMEDIATE PAST) EMPLOYER.
[ ]  See resume.

Employer:       Phone:

Address:

Title of Position Held:       Final Salary:

Position Responsibilities:

Reason for Leaving:       Employed From:       To:

Employer:       Phone:

Address:

Title of Position Held:       Final Salary:

Position Responsibilities:

Reason for Leaving:       Employed From:       To:

**US MILITARY INFORMATION:**

Branch of Service:       Rank at Discharge:

Date of Entry:       Release Date:

**ADDITIONAL EXPERIENCE –** LIST ADDITIONAL EXPERIENCES THAT ENHANCE YOUR CANDIDACY.

[ ]  See resume.

**PROFESSIONAL CERTIFICATIONS/LICENSES –** INDICATE STATE WHICH GRANTED CERTIFICATION AND/OR EXPIRATION DATE

[ ]  See resume.

**ACTIVITIES –** LIST RELEVANT VOLUNTEER EXPERIENCE AND CURRENT PROFESSIONAL MEMBERSHIPS:

[ ]  See resume.

**LANGUAGE SKILLS (VOLUNTARY INFORMATION ONLY)**
List the languages you speak, read or write, indicate level of proficiency – fair or fluent for each

Language:       [ ]  Speak [ ]  Read [ ]  Write

Language:       [ ]  Speak [ ]  Read [ ]  Write

**REFERENCES:** LIST THREE (3) EMPLOYMENT REFERENCES (I.E. SUPERVISORS). They cannot be members of your family.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **OCCUPATION/TITLE** | **PHONE** | **EMAIL** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 **Please read the following statements closely:**

* I hereby guarantee the completeness and correctness of the information shown on this application.
* If employed, any misstatement or omission of facts may result in my dismissal.
* I understand this application is not an employment contract.

Signature:       Date:

**THE YWCA OF NORTHEASTERN NY IS AN EQUAL EMPLOYMENT/AFFIRMATIVE ACTION EMPLOYER**

An application for employment is not to be construed in any way as a contract for employment. If employed, the employment relationship may be terminated at any time, and for any reason, by the employee or employer.