

EMPLOYMENT APPLICATION

APPLICANT INFORMATION: (PLEASE PRINT)			DATE:		
Last Name	First	M.I.			
Address				Apt./Unit #	
City	State			ZI P	
Phone	Cell Phone:				
Email:	Desired Salary:			Date Available:	
Days/Hours Available:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>		
Position(s) Applied for:					
Are you eligible to work in the U.S. either by citizenship or with work authorization?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With USCIS authorization, are you able to work for us on an ongoing basis?	
Have you ever interviewed, been offered employment or worked for us before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
If you are hired or transferred into a position that requires the operation of a motor vehicle, are you able to perform this function?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Motor Vehicle Class: State/Expires	
EDUCATION:					
High School:			Location:		
Did you graduate or pass GED?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years Completed
College:			Location:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Trade:			Location:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other:			Location:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

SKILLS: LIST ANY SPECIFIC EXPERIENCE TRAINING, QUALIFICATIONS OR SKILLS THAT YOU BELIEVE WILL BE BENEFICIAL FOR THE POSITION FOR WHICH YOU ARE APPLYING:

LANGUAGES: SOME OF OUR EMPLOYEES, CUSTOMERS AND VENDORS MAY NOT SPEAK ENGLISH. IF YOU ARE FLUENT IN OTHER LANGUAGES, PLEASE SPECIFY THE LANGUAGES YOU SPEAK AND LEVEL OF FLUENCY IN EACH.

REFERENCES:

Please list three professional references not related to you who have knowledge of your work performance within the last three years.

Full Name	Relationship	Years acquainted
Company	Phone ()	
Address		
Full Name	Relationship	Years acquainted
Company	Phone ()	
Address		
Full Name	Relationship	Years acquainted
Company	Phone ()	
Address		

EMPLOYMENT HISTORY:

Company	Phone ()
Address	Supervisor
Job Title	
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	
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			
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			
Responsibilities			
From	To	May we contact your previous supervisor for a reference?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
MILITARY SERVICE:			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
HOW DID YOU HEAR ABOUT US?			
WERE YOU REFERRED BY A CURRENT EMPLOYEE?			
EMPLOYEES NAME:			
DO YOU HAVE ANY RELATIVES EMPLOYED BY US? IF YES, PLEASE PROVIDE NAME (S):			
ADDENDUM TO EMPLOYMENT APPLICATION			
NOTICE TO APPLICANTS			
A POST OFFER PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING IS REQUIRED OF ALL JOB APPLICANTS			
<p>YWCA SONOMA COUNTY (the "Company") has a vital interest in maintaining safe, healthful and efficient working conditions for its employees, independent contractors, vendors and customers. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks not only for the user, but also to all those who work with the user and to the public at large. The illegal possession, manufacture, use or sale of a drug or controlled substance at any time may also pose unacceptable risks to safe, healthful and efficient operations.</p> <p>To meet this compelling interest, individuals who wish to be considered for employment must agree to SUBMIT TO A POST OFFER PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING AND SEARCHES DURING EMPLOYMENT. SCREENING AND SEARCHES DURING EMPLOYMENT MAY BE CONDUCTED BASED ON REASONABLE CAUSE AND/OR BASED ON REASONABLE SUSPICION.</p> <p>By completing and signing this Notice and the attached Employment Application, the applicant understands and agrees to submit to a drug and alcohol screen as part of his/her pre-employment, and agrees to drug and alcohol screening during the course of employment as provided for in the YWCA SONOMA COUNTY Drug and Alcohol Policy. YWCA SONOMA COUNTY will only be informed whether the applicant is recommended for employment, based on all aspects of the drug and alcohol screening.</p> <p>ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH YWCA SONOMA COUNTY. Refusal of an applicant to agree to drug and alcohol screening or searches at this time does not preclude an applicant from applying for employment with YWCA SONOMA COUNTY at some future date. Additionally, a positive test result does not preclude an applicant from re-applying after six months from the date of the test.</p>			
Signature		Date	
Printed Name:			

APPLICANT'S STATEMENT:

I understand that the YWCA SONOMA COUNTY is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex, pregnancy, marital status, sexual orientation (heterosexuality, homosexuality, and bisexuality), medical condition, disability, political affiliation/opinion, or military and veterans status.

I certify that my answers are true and complete to the best of my knowledge. I hereby grant YWCA SONOMA COUNTY permission to verify answers, and understand that any false statement or omission on this application may cause rejection, or dismissal of employment, if discovery of false statement or omission is made subsequent to my employment.

I authorize representatives of YWCA SONOMA COUNTY to verify information set forth herein, and release all such parties from liability for any damage that may result from furnishing such information.

I understand that I may be asked to take job-related written and skill tests (if applicable) for the position for which I am applying. If I decline to be tested, I understand that I will not be further considered for employment.

I understand that an offer of employment is contingent upon my satisfactorily passing a post offer background/reference screening and pre-employment requirements, which may include a pre-employment physical exam (depending on the position), and drug and alcohol screening, prescribed by YWCA SONOMA COUNTY.

I understand that any offer of employment is employment "at-will" and that the Company may terminate my employment, if offered, at any time. I understand that I may also terminate my employment, if hired, at any time.

No representative of YWCA SONOMA COUNTY other than the CEO, has the authority to enter into any oral or written agreement for employment, or make any representation regarding any benefits or terms or conditions of employment, or make any agreement contrary to employment "at will."

Signature

Date

Voluntary Employee Disclosure Record

YWCA SONOMA COUNTY is subject to certain federal governmental recordkeeping and reporting requirements as they relate to Equal Opportunity Employment and Affirmative Action. In order to comply with these laws, we are required to invite employees to self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. Each year in September, we must report this information. To do so, we need your assistance. When reported, this data will not identify any specific individual.

For purposes of this Disclosure Record, race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are listed below. **Please read the definitions below:**

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Please check the appropriate box or boxes above as the definitions apply to your personal ethnicity.

Below please print your name, date the form and add your signature. Return the form to Human Resources.

Signature_____
Date:_____
Print Name