

eliminating racism
empowering women
ywca

YWCA of the Lower Cape Fear, Inc.
 2815 South College Road
 Wilmington, NC 28412
 910-799-6820 Tel
 910-799-5681 Fax

The YWCA is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, sex, age (within statutory limits), national origin, political affiliation, citizenship, disability, martial or veteran status, sexual orientation or any other legally protected status.

PERSONAL DATA				
Last Name		First Name		Date of Application
		Middle Name/Initial		
Social Security No.	Present Address (No. and Street)		City	State Zip Code
Telephone Number ()	E-mail:		If employment or school was under a different name, indicate:	
Permanent Address (if different from above)	No. and Street	City	State Zip Code	Telephone
Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a U.S. citizen, have you the legal right to remain permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status required upon employment.</i>			
Do you have a drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a commercial drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have points on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____ Drivers License No.: _____ State _____		Have you ever been convicted of violating any law (excluding minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," give details.		
POSITION DESIRED				
Position applying for:		Available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
Date available:		Salary desired:		
Were you ever employed by the YWCA? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?		Have you previously applied to the YWCA? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?		
Are you able to perform the job-related functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is no, please explain.				
EDUCATION				
Schools and location (H.S., College, etc.)		Courses Studied		Diploma or
Start with last school attended		Dates Attended		Degree Earned
Describe any technical training, special courses, correspondence study, etc.				

EMPLOYMENT HISTORY

Give employment record as completely as possible, starting with your present or latest employer. Attach additional sheet if necessary. Include summer employment and any military service. For any unemployed or self-employed periods, show dates and locations.

1. Employer		Dates of employment:	
Address:	Street	City/State	Zip Code
Phone: ()	Beginning salary:	Ending salary:	
Title/duties:			
Supervisor's name:		Phone No.	
Reason for leaving:			
2. Employer		Dates of employment:	
Address:	Street	City/State	Zip Code
Phone: ()	Beginning salary:	Ending salary:	
Title/duties:			
Supervisor's name:		Phone No.	
Reason for leaving:			
3. Employer		Dates of employment:	
Address:	Street	City/State	Zip Code
Phone: ()	Beginning salary:	Ending salary:	
Title/duties:			
Supervisor's name:		Phone No.	
Reason for leaving:			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

VOLUNTEER ACTIVITIES

(You need not list organizations whose name or nature indicates your race, sex, national origin, age or religion.)

Organization	Position/Offices Held	Describe responsibilities/services	No. of Years

SPECIFIC SKILLS

Please rate your skill level of the following on a scale of 1 to 5 with 5 being the highest.

<u>Program</u>	<u>Computer</u>	<u>Certifications/Training</u>
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Water Safety Instructor
<input type="checkbox"/> Bridge	<input type="checkbox"/> Excel	<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Dance	<input type="checkbox"/> Access	<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> Certified Pool Operator
<input type="checkbox"/> Karate	<input type="checkbox"/> Website design	<input type="checkbox"/> EMT
<input type="checkbox"/> Children's games	<input type="checkbox"/> Website maintenance	<input type="checkbox"/> Basic Life Support
<input type="checkbox"/> Drama		<input type="checkbox"/> Blood-borne Pathogens
<input type="checkbox"/> Puppets		<input type="checkbox"/> Hazardous Chemicals
<input type="checkbox"/> Pre-natal exercise	<u>Miscellaneous</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Group facilitator	<input type="checkbox"/> Pool chemistry	<input type="checkbox"/> _____
<input type="checkbox"/> Counseling	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Swim instruction	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	

REFERENCES

List three professional references who are familiar with the quality of your work, have worked directly with you and have known you at least two years. Do not list personal friends or people currently employed by this YWCA.

Name	Address	Work and Home Phone Numbers	Relationship

I authorize the YWCA of the Lower Cape Fear, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I further release all parties supplying information concerning me and the YWCA of the Lower Cape Fear from any an all liability and responsibility arising out of the release of any information concerning me.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references.

Signature _____

Date _____