



YWCA of Central Massachusetts

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, national origin, age, disability, sex, marital status, economic condition, sexual orientation, gender identity, veteran status or any other basis of discrimination prohibited by law. Proof of eligibility to work under the United States immigration laws will be required upon employment. YWCA of Central Massachusetts is an EEO/AA employer.

APPLICANT INFORMATION

Name

Address

Number

Street

City

State

Zip

Phone Number

Email Address

Position(s)
Applied For

Date Available
to Start

Yes

No

Have you ever worked for this YWCA or
any other YWCA?

If yes, when and where?

Are you legally eligible to be employed in the United States?
(Proof of identity and eligibility will be required upon employment)

Yes

No

Please list any languages that you are fluent in, or have
conversational ability in.
Unless required for the position, this question is optional.

EMPLOYMENT HISTORY

You may include verifiable work performed as volunteer, but please omit any reference that would disclose a protected status such as race, sex, disability or sexual orientation.

Employer		Dates of Employment	
Address			
Phone Number		Reasons for Leaving	
Position			
Supervisor			

Employer		Dates of Employment	
Address			
Phone Number		Reasons for Leaving	
Position			
Supervisor			

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May we contact your present employer? Yes No

EDUCATION

	School Name and Address	Graduated	Diploma/ Degree Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Advanced Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	

License or Certification: Yes No Type of License or Certification:

ACTIVITIES & SKILLS

Describe any other special job-related skills, activities or qualifications (computers, professional organizations etc.) that would support your application. Please omit any activity that would indicate race, color, religion, creed, national origin, ancestry, sex, age (as defined by law), sexual orientation, physical or mental disability or handicap, veteran or military status, genetic information or marital status.

REFERENCES

Please provide the following contact information for 3 professional references.

	Name	Address	Phone Number
1.)			
2.)			
3.)			

AGREEMENT

I certify that the answers given on this form are true and complete to the best of my knowledge, and that, in the event of employment, false or misleading information given in my application or interview(s) may result in discharge.

I authorize such investigation of all statements obtained in this application for employment as may be necessary in arriving at an employment decision. I further authorize any person or other entity whose name I have given on this form to provide information to the YWCA of Central Massachusetts, and I release any such person or other entity and the YWCA of Central Massachusetts and its employees, directors, officers and agents from any claim or cause of action I might have or acquire against the releases in connection with the provision of this information. Further, I agree to indemnify the releases against all liability in connection with the provision of the information.

Should I become employed, I understand that my employment would be at will, that my employment would not be for any specified time, and that the agency retains the right to terminate employment at any time with or without cause or notice. Likewise, I may resign from the agency at any time. I further understand that this application is not intended to be a contract for employment.

APPLICANT SIGNATURE

DATE

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

CORI (Criminal Offender Record Information) checks are required by law for all newly hired employees who may be spending unsupervised time with a child or children or clients as part of their responsibilities.

APPLICANT MAY REQUEST A SELF IDENTIFICATION FORM TO NOTE PROTECTED STATUS UNDER ANY AFFIRMATIVE ACTION LAWS WHICH MAY BE APPLICABLE.