



Central Massachusetts

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, creed, sex, age (40 or over), national origin, ancestry, marital or veteran status, physical or mental handicap or disability, genetic information or sexual orientation, except as otherwise provided by law. Proof of eligibility to work under the United States immigration laws will be required upon employment. YWCA Central Massachusetts is an EEO/AA employer.

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.

Basic Information

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applying for: _____ Date Available to Start: _____

Have you ever worked for this YWCA or any other YWCA? Yes No

If yes, when and where? _____

Are you legally eligible to be employed in the United States? Yes No (*Proof will be required*)

Employment History

Please list your most recent position held followed by past employment positions. 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.

	DATES OF EMPLOYMENT	SALARY AT TERMINATION	REASON FOR LEAVING
Employer: Address: Position: Supervisor: Contact Phone:			
Employer: Address: Position: Supervisor: Contact Phone:			
Employer: Address: Position: Supervisor: Contact Phone:			

May we contact your present employer? Yes No

Education

NAME and LOCATION	GRADUATED?	DEGREE EARNED
High School	Yes / No	
Undergraduate	Yes / No	
Professional Program	Yes / 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.

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

Language 1: _____

Language 2: _____

References

Names, addresses and telephone numbers of three professional references:

NAME and TITLE	ADDRESS	TELEPHONE NUMBER

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 Central Massachusetts, and I release any such person or other entity and the YWCA Central Massachusetts and its employees, directors, officers and agents from any claim or cause 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

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