**APPLICANT INFORMATION:**

Date:

Name:

 First Last Middle Initial

Address:

 Street City State Zip

Email: Phone:

Position Desired:

1. Are you a legal U.S. resident, and eligible to work in the U.S.?: YES NO

2. Have you been an employee of any YWCA in the past? YES NO

 a. If YES, where, when, & department / position?

3. Are you at least 18 years of age?: YES NO

4. Have you been charged / convicted of misdemeanor or felony?: YES NO

\* A criminal record or conviction does not automatically bar your from employment, but will be considered only as it applies to your ability to perform the job.

**EDUCATION & EXPERIENCE:**

As per New York State Office of Children and Family Services regulations Part 414, all applicants are required to meet certain education and experience requirements. Thus, we must collect the following information.

1. Name of High School / G.E.D. Institution:

Degree Achieved: Date Achieved:

2. Name of College/University:

Degree Achieved: Date Achieved:

Please list specific degrees, certifications, or classes that you have attend or obtained that would apply in regards to your applying to work in a licensed child care program:

Please list all experience you have working with children (teaching, youth groups, babysitting, camps, church, etc…):

\* According to the NYS OCFS regulations, some position may require certain degrees or qualifications in order to be considered for employment and/or may require NYS OCFS approval prior to hire

**EMPLOYMENT HISTORY:**

Starting with your most recent employer, please list in consecutive order all employers you have been employed by for the up to your last three employers.

1. Name of Company/Employer:

Address:

 Street City State Zip

Phone: Supervisor:

Your Title / Job Held:

Employment Start Date: Employment End Date:

List of jobs/duties performed, skills used to perform your job:

Reason for leaving:

2. Name of Company/Employer:

Address:

 Street City State Zip

Phone: Supervisor:

Your Title / Job Held:

Employment Start Date: Employment End Date:

List of jobs/duties performed, skills used to perform your job:

Reason for leaving:

3. Name of Company/Employer:

Address:

 Street City State Zip

Phone: Supervisor:

Your Title / Job Held:

Employment Start Date: Employment End Date:

List of jobs/duties performed, skills used to perform your job:

Reason for leaving:

**REFERENCES:**

Please list three references that can provide verbal reference for you, speaking to your abilities both on the job and as character reference as personal references. Relatives cannot be used as references. At least **one** employment/professional reference must be included.

1. Name: Phone:

Reference Type: Personal Employment/Professional

2. Name: Phone:

Reference Type: Personal Employment/Professional

3. Name: Phone:

Reference Type: Personal Employment/Professional

Where did you obtain our Employment Application?:

**NYS STAFF EXCULSION LIST BACKGROUND CHECK:**

As per NYS OCFS regulations Part 414, each applicant is required to submit information regarding themselves that can be used by New York State Justice Center for the purposes of background check. NYS law requires this information be collected for all applicants.

Name:

 First Last Middle Initial

Social Security Number: Date of Birth:

Alien Registration Number *(only if no SSN is available)*:

By signing below, I give permission to YWCA Jamestown to check my employment and/or personal references.

My signature is authorization to verify the above and included information contained herein this application. I understand that any misrepresentation will affect consideration of my employment.

 Signature Date

YWCA Jamestown is an equal opportunity employer and will not discriminate in the recruitment, hiring, compensation, fringe benefits, staff development and training, promotion and any other condition of employment based on race, color religion, sex, national origin, age, handicap, disability, marital status, veteran status, sexual preference or any other factors prohibited by law except where such factors constitute bona fide occupational guidelines.

**\*\* FOR OFFICE USE ONLY \*\***

Date Application Received: Received By:

Interview Scheduled: Notes: