

YWCA SIOUX FALLS

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Desired Salary		Position Applied for	
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, how old are you?	
Are you legally eligible for employment in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the YWCA Sioux Falls?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School or GED		City & State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Technical Institution		City & State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City & State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Higher Education		City & State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

SPECIALIZED TRAINING – summarize any job related training, skills, licenses, certifications, and/or other related qualifications

EMPLOYMENT HISTORY – please start with your most recent employment.

Employer		City & State	
Job Title		Hourly rate / salary \$	
From	To	Reason for Leaving	
Responsibilities			

EMPLOYMENT HISTORY – continued

Employer	City & State	
Job Title	Hourly rate / salary \$	
From	To	Reason for Leaving
Responsibilities		

Employer	City & State	
Job Title	Hourly rate / salary \$	
From	To	Reason for Leaving
Responsibilities		

REFERENCES - Please list three references. Do not include family members.

Full Name	Relationship	
Company	Daytime Phone	()
E-mail		

Full Name	Relationship	
Company	Daytime Phone	()
E-mail		

Full Name	Relationship	
Company	Daytime Phone	()
E-mail		

APPLICANT'S STATEMENT – please read the following statements

I hereby declare the information provided by me in this employment application is true, correct and complete to the best of my knowledge.

I understand, if employed, any false statements or omission of fact on this application shall be considered cause for dismissal.

I authorize the YWCA Sioux Falls to make such investigations and inquires of my personal, employment, medical history, criminal record, and other related matters as may be necessary in arriving at an employment decision.

I understand I have the right to make a written request within any reasonable period of time to receive additional detailed information about the nature and scope of any investigations.

By submitting this application, I give my permission to be photographed for YWCA promotional use.

Signature of Applicant	Date
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EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION Applicant Tracking Form

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This page is separated from your application immediately upon being received, and will be kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ETHNIC GROUP Please check one:	
<input type="checkbox"/>	Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups, found below)
<input type="checkbox"/>	Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

RACIAL GROUPS If Non-Hispanic/Latino was selected above, please check one of the below race categories:	
<input type="checkbox"/>	White (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East
<input type="checkbox"/>	Black or African American (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/>	Asian (Not Hispanic or Latino) – all persons 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
<input type="checkbox"/>	American Indian or Alaskan Native (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races

DECLINE SELF IDENTIFICATION: If you do not wish to self identify your gender, ethnicity or race, please check the box below.	
<input type="checkbox"/>	I do not wish to self identify.

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes and will not influence the application or hiring process.

DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For foster homes licensed by DSS, a copy of the form should be submitted with the DCI and FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291

The following comprises a complete history of prior criminal convictions for:

Name: _____

Soc Sec #: _____

Birth date: _____

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following is a complete history of military service for _____.
(Name)

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Signed this ____ day of _____, 20____.

Signature

Street Address and/or PO Box Number

City State Zip