



MINNEAPOLIS

# APPLICATION FOR EMPLOYMENT

Please clearly print out all information. Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (            ) \_\_\_\_\_

Are you 18 years or older?     Yes             No

Job #: \_\_\_\_\_

Title of position applying for: \_\_\_\_\_

Salary expectations: \_\_\_\_\_

Have you ever worked at the YWCA of Minneapolis before?

Yes             No

If yes, when? \_\_\_\_\_

How did you hear about this position?

Employee - Name: \_\_\_\_\_

Other

Are you legally eligible for employment in United States?

Yes             No

Have you ever been convicted of a misdemeanor or felony?

Yes             No

If yes, provide date of conviction and describe circumstances.

*A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, relevancy, work history, education and other circumstances will be considered.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please summarize any job related training, skills, licenses, certifications, and/or other related qualifications:  
**FOR CHILDREN'S CENTER POSITIONS PLEASE ATTACH COPY OF TRANSCRIPTS.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list 3 references. Employment related references are preferred, unless you do not have previous work experience:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # (            ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # (            ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # (            ) \_\_\_\_\_

**Please read the following statements and sign.**

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand, if employed, any false statement or omission of fact on this application shall be considered cause for dismissal.

I authorize the YWCA of Minneapolis to make such investigations and inquiries 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 such investigations.

I certify that I have read and understand the terms and conditions of this application as detailed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Proof of employment eligibility documentation must be provided at time of hire as required by law.*

# EDUCATION

School	Name and Location	Course of Study	Years Completed	Degree or Diploma
High School				
College				
Other				

# EMPLOYMENT HISTORY

START WITH YOUR MOST RECENT EMPLOYMENT. YOU MAY ADD AN ADDITIONAL PAGE OR ATTACH YOUR RESUME IF NECESSARY.

Name and Address Of Employer	From (Month/Year)	To (Month/Year)	Position and Description of Responsibilities	Reason for Leaving

Name of Supervisor \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

May we contact?  Yes  No Beginning Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Name and Address Of Employer	From (Month/Year)	To (Month/Year)	Position and Description of Responsibilities	Reason for Leaving

Name of Supervisor \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

May we contact?  Yes  No Beginning Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

# VOLUNTARY SELF-IDENTIFICATION INFORMATION

The YWCA of Minneapolis is an **Equal Opportunity Employer**; we are subject to certain governmental recordkeeping and reporting requirements. Please help us by completing the following information. The information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment.** All information provided will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process or to make a selection decision.

## PART I: General Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

## PART II: Gender, Ethnicity and Race Information

For Ethnicity and Race, please check ONE box only from the list below.

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic/Chicano/Latino                   | <input type="checkbox"/> Asian   |
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaskan Native                         |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Two or More Races   |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> I do not wish to provide the information requested above. |

Gender (circle one): Female Male

Veteran (circle one): Yes No

Disabled (circle one): Yes No

## PART III: Referral Source

Please indicate how you heard about this opening.

- |   |   |
|---|---|
| <input type="checkbox"/> Organization Website | <input type="checkbox"/> Educational Institution  |
| <input type="checkbox"/> Job Board            | <input type="checkbox"/> Walk-in                  |
| <input type="checkbox"/> Newspaper            | <input type="checkbox"/> Employee Referral        |
| <input type="checkbox"/> Temp Agency          | <input type="checkbox"/> College Recruiting       |
| <input type="checkbox"/> Search Firm          | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Other _____          |   |



HUMAN RESOURCES  
AT THE YWCA OF MINNEAPOLIS  
*where you belong*

1130 Nicollet Mall  
Minneapolis, MN 55403  
Email: [hr@ywcamppls.org](mailto:hr@ywcamppls.org)

**WWW.YWCAMPLS.ORG**

**NO PHONE CALLS PLEASE.  
UNSOLICITED APPLICATIONS WILL NOT BE ACCEPTED.**