



54 Nagle Avenue
New York, NY 10040
(212) 569-6200
www.ywashhts.org

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to any status protected under federal, state, or local law, including but not limited to race, color, creed, religion, national origin, age, sex, pregnancy, marital status, disability, genetic information, sexual orientation, citizenship status, or veteran status.

Date of Application _____

Position(s) Applied For _____

Name

Last First Middle

Address

Street City State Zip Code

Home Phone (_____) _____ Cell Phone (_____) _____

Email: _____

If employed and you are under 18, can you furnish a work permit? ___Yes ___No

Have you filed an application here before? ___Yes ___No
If yes, give date _____

Have you ever been employed here? ___Yes ___No
If yes, please give date _____

May we contact your present employer? ___Yes ___No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___Yes ___No

(Proof of citizenship or immigration status may be required upon employment.)

On what date will you be available for work? _____

Are you available to work ___Full Time ___Part time ___Temporary

Are you on a lay-off and subject to recall? ___Yes ___No

Can you travel if a job requires it? ___Yes ___No

AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present job. Include military service assignments and volunteer activities.

Employer: Telephone: Address: Job Title: Supervisor: Reason for Leaving:	Dates Employed From To 	Work Performed
Employer: Telephone: Address: Job Title: Supervisor: Reason for Leaving:	Dates Employed From To 	Work Performed
Employer: Telephone: Address: Job Title: Supervisor: Reason for Leaving:	Dates Employed From To 	Work Performed
Employer: Telephone: Address: Job Title: Supervisor: Reason for Leaving:	Dates Employed From To 	Work Performed

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education				
	Elementary School	High School	College/ University	Graduate/ Professional
School Name				
Years Completed: (Please Print)				
Diploma/Degree				
Major or Concentration				
Describe Specialized Training, Skills, and Extra Curricular Activities				
Indicate languages you speak, read, and/or write.				
	Fluent	Conversational	Basic	
Speak				
Read				
Write				
References				
List name, telephone number, email address and relationship to three professional references:				
1.	_____			

2.	_____			

3.	_____			

Applicant Self-Identification Form

Applicants are considered for all positions, and employees are treated during employment, without regard to any status protected under federal, state, or local law, including but not limited to race, color, creed, religion, national origin, age, sex, pregnancy, marital status, disability, genetic information, sexual orientation, citizenship status, or veteran status.

To help the YM & YWHA of Washington Heights and Inwood comply with state/federal equal employment opportunity record keeping, reporting and other legal requirements, we would appreciate your voluntarily answering the questions listed below. You are NOT required to answer them. Refusal to provide the requested information will not result in adverse treatment. Your answers will not adversely impact the determination of your job-related qualifications. The information you provide on this form will be kept in a confidential file separate from your application for employment.

(PLEASE PRINT)

Last Name: _____

First Name: _____

Middle Initial: _____

Gender: Please check next to the appropriate category.

Male Female Non-binary Prefer to leave blank

Race/Ethnicity: Please check one of the following:

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

I have received the form and decline to provide the requested information.

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the YM & YWHA of Washington Heights and Inwood.

Signature

Date

HireNYC Consent

The HireNYC program matches people who have received public assistance with jobs at organizations that have contracts with New York City agencies. The YM & YWHA of Washington Heights and Inwood (the employer) is participating in the Program, and is required to prove that they have hired a certain number of people who have received public assistance.

By signing below, you agree that the Human Resources Administration (HRA) may report to the employer, if you have received public assistance benefits.

This information will be used only to record the employer's compliance with its hiring obligation under the Program. The employer is required to keep the information confidential, and not to let it affect the employer's hiring decision, your employment status, or conditions of your employment.

Signature

Date

Applicant Name (Please Print)