



# Application For Employment

*The mission of the YWCA of Racine is to eliminate racism and to empower women and girls.*

(PLEASE PRINT) Date of Application \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Referral Source:  Current Associate (*name*) \_\_\_\_\_  Friend  Relative  
 Advertisement  Employment Agency  Walk-In  
 Internet/website (*please specify*) \_\_\_\_\_  Other

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone (  ) \_\_\_\_\_ Secondary phone/cell (  ) \_\_\_\_\_ E-mail \_\_\_\_\_  
Area Code Area Code

Are you under 18 years of age?  Yes  No If 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 before?  Yes  No If yes, give dates/position \_\_\_\_\_  
 Do you have any relatives currently employed with us?  Yes  No

If yes, give relationship and name \_\_\_\_\_

Are you employed now?  Yes  No If employed, may we contact your employer?  Yes  No

Are you subject to any employment agreement or contract with any other employer (such as a non-compete or non-solicitation agreement, restrictive covenant, intellectual property agreement or confidentiality agreement)?  Yes  No  
*(If yes, attach a complete and accurate copy of each agreement.)*

On what date would you be available for work? \_\_\_\_\_

Would you prefer to work:  Full-Time  Part-Time  Summer  
If Part-Time, specify days and hours available \_\_\_\_\_

What shifts do you prefer to work?  1st Shift  2nd Shift  3rd Shift

Are you either: (1) a U.S. citizen or, if not, (2) legally authorized to work for Johnson Financial Group on a full-time basis without the need for us to sponsor you?  Yes  No If Yes: Are you a student on a temporary visa?  Yes  No  
*(Proof of authorization to work will be required upon employment.)*

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**Equal Employment Opportunity Statement**

We consider all applicants without regard to age, race, color, creed, religion, disability, sex, pregnancy, national origin, ancestry, marital status, sexual orientation, arrest or conviction record, status as a disabled veteran or veteran of the Vietnam era, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or any of its states, or any other protected status, as required by law.

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

# Education

	High School	Technical College/University	Graduate/ Professional
School Name			
City/State			
Telephone			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Degree Earned			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities.			

List any academic honors or other forms of recognition you have received which you feel may be helpful to us in considering your application.

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List specific training, experience, or skills that you believe are pertinent to the position for which you are applying (for example, customer service, bookkeeping, accounting, computer programs, switchboard, management, etc.)

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List professional, trade, business or civic activities and offices held. **(You may exclude information which would reveal any protected status noted in our equal employment opportunity statement.)**

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Give three references who are not related to you. If possible, provide previous supervisors or co-workers.

Name	Address	Telephone No.	Relationship?

# Employment Experience

Starting with your present or last job, list **all** of your previous or current employers (including military service), and provide the information requested below for each employer. Simply providing your resume is not sufficient. ***(If you need additional space, please continue on a separate sheet of paper.)***

Employer	Telephone ( )	Dates Employed		<b>Work Performed</b>
		From	To	
Address	City State			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Employer	Telephone ( )	Dates Employed		<b>Work Performed</b>
		From	To	
Address	City State			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Employer	Telephone ( )	Dates Employed		<b>Work Performed</b>
		From	To	
Address	City State			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Employer	Telephone ( )	Dates Employed		<b>Work Performed</b>
		From	To	
Address	City State			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				

# Applicant Data Record

Applicants are considered for all positions, and associates are treated during employment, without regard to age, race, color, creed, religion, disability, national origin, ancestry, sex, pregnancy, marital status, sexual orientation, arrest or conviction record, status as a disabled veteran or veteran of the Vietnam era, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or any of its states, or any other protected status, as required by law.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

**Referral Source:**  Current Associate (*name*) \_\_\_\_\_

Friend  Relative  Advertisement  Employment Agency  Walk-In

Internet/website (please specify) \_\_\_\_\_  Other \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE Area Code

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Check one:  Male  Female

Check one of the following:  White  Black  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

# Criminal Or Other Offenses

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Have you ever been convicted of, plead no contest to, been fined in connection with, or agreed to enter into a pretrial diversion program (including, but not limited to, an agreement to make restitution, obtain treatment for substance abuse, perform community service, etc.) in connection with any type of felony, misdemeanor, municipal ordinance violation or any other like offense (other than a parking ticket or non-criminal traffic citation), regardless of the nature of the penalty or fine for that offense?  Yes  No

If yes, provide details, including offense(s) and date(s): \_\_\_\_\_

Are you currently subject to a pending charge for any type of felony, misdemeanor, municipal ordinance violation or any other like offense (other than a parking ticket or non-criminal traffic citation)?  Yes  No

If yes, provide details, including charge(s) and date(s): \_\_\_\_\_

*(If you are in doubt about the nature of any offense or charge, you should list it. The above questions require disclosure of all past convictions, violations, fines or offenses (other than a parking ticket or non-criminal traffic citation), and all pending charges regardless of whether you believe such offense or charge is maintained in any public record and regardless of whether anyone (including your lawyer) advised you that you did not need to disclose it. The failure to list such offense or charge will be considered falsification and will be grounds for Johnson Financial Group to no longer consider you for, or to release you from, employment. No applicant will be denied a position because of a past offense or pending charge which is not substantially related to the circumstances of the employment sought.)*

# Driver's License

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Are you applying for a position that requires you to drive an automobile as part of your job?  Yes  No

If yes, what is your driver's license number? \_\_\_\_\_ What is the issuing state? \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

If yes, provide details concerning when and for what reason: \_\_\_\_\_

# Authorization, Release and Certification

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I certify that all information given herein, and all supporting documents provided, are true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to YWCA of Racine/River Bend Nature Center to seek to verify and supplement the information set forth in the application. I authorize all persons, companies, schools and organizations to release any information they may have about me to YWCA of Racine/River Bend Nature Center. I also release from all liability or legal claims every person or entity seeking or providing information about me, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by any person or entity providing information.

The Drug-Free Workplace Act of 1988 recognizes alcohol and drug abuse as a potential health, safety, and security problem. The YWCA of Racine/River Bend Nature Center has developed a substance abuse policy designed to ensure a work environment free from the effects of alcohol, drugs or other intoxicating substances. I understand that, as with all rules and regulations of the YWCA of Racine/River Bend Nature Center, I must comply with the YWCA of Racine/River Bend Nature Center Personal Policies.

I understand and agree that: if I am employed at YWCA of Racine/River Bend Nature Center, any such employment is not binding on either party for any specified period of time; no representative of YWCA of Racine/River Bend Nature Center, other than the President of the Board of Directors, has any authority to enter into any agreement for any specified period of time, and any such agreement must be in writing and signed by the President of the Board of Directors; any other written or oral statement to the contrary, even if made by a supervisor, manager of YWCA of Racine/River Bend Nature Center, is invalid and should not be relied upon by me; and, if employed I will be an employee at-will meaning that either YWCA of Racine/River Bend Nature Center or I may terminate that employment relationship at any time, for any reason, with or without notice.

I understand this application will be considered inactive after forty-five (45) days.

I understand that any employment offer I may receive is contingent on submission to YWCA of Racine/River Bend Nature Center of a completed, signed application for employment and on verification of the information provided in the application to YWCA of Racine/River Bend Nature Center reasonable satisfaction.

I certify I have read (or have had read to me) and understand this authorization, release and certification.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date