

# APPLICATION FOR EMPLOYMENT

**YWCA Hawaii Island**  
**145 Ululani Street, Hilo, Hawaii 96720**  
**(808) 935-6067**

## YWCA MISSION STATEMENT

**YWCA Hawai'i Island is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all.**

Job/Position you are applying for? **(Must be filled in)**  
**ONE POSITION ONLY per application**

|                             |                                     |
|-----------------------------|-------------------------------------|
| Name: (Last, First, Middle) | Telephone No.                       |
| Address                     | Cell Phone No.                      |
| City                        | State                      Zip Code |
| Email Address:              |                                     |

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, ancestry, citizen or veteran/military status or sexual orientation, or the presence of a non-job-related medical condition or disability, or any other legally protected status.

It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to present original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

1. Can you provide required proof of your eligibility to work?     Yes  No
2. Are you available to work?     Full Time  Part Time  On Call/Substitute
3. On what date would you be available for work? \_\_\_\_\_
4. Can you travel if a job requires it to different work sites?     Yes  No
5. Have you ever been employed with us before?     Yes  No If yes, give date \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Do you know anyone presently working for the YWCA Hawaii Island?  Yes  No

If yes, who? \_\_\_\_\_

### CERTIFICATION

Please read carefully before signing

- A. I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. I understand that **My Employment is At-Will and can be terminated at any time and for any reason with or without advance notice.**
- C. I understand and agree that only the Chief Executive Officer (CEO) of the YWCA Hawaii Island (Agency) has an authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the CEO, and I will not rely upon any other representatives.
- D. I understand and agree that the Agency may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Agency with any information (including fact or opinion) they may have regarding me. In consideration of the Agency's review of this application, I release the Agency and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Agency, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Agency. If employed by the Agency, I further authorize the Agency to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Agency and for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Agency, provided that such examination is job-related and consistent with business necessity. The cost of such examination and/or testing may or may not be paid by the Agency. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Agency in accordance with state and/or federal laws. The Agency will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Agency with any additional consent(s) and/or release(s) as requires by the Agency to investigate my employment application.
- F. I agree that the Agency may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Agency Island may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Agency, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as by the Agency.

If employed by the YWCA Hawaii Island, I will read the guidelines and policies of the organization.

**I understand my application will not be considered if it is incomplete.**

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Applicant's Signature

**EXPERIENCE:**

|   |  |
|---|--|
| Describe your volunteer experience with non-profit organizations.<br><br><b>How long? (months, years)</b>                     |  |
| Describe your experience working as a team member with other employees or volunteers.<br><br><b>How long? (months, years)</b> |  |
| Summarize special skills, certifications, and training (i.e. first aide, CPR, computer software)                              |  |

**REFERENCES:**

|         |                                    |
|---------|------------------------------------|
| 1. Name | Occupation                         |
| Address | Telephone No. and/or Email Address |
| 2. Name | Occupation                         |
| Address | Telephone No. and/or Email Address |
| 3. Name | Occupation                         |
| Address | Telephone No. and/or Email Address |

**EDUCATION:**

|               | Name and Address of School | Course of Study | No. of Credits | No. of Years | Diploma Degree |
|---------------|----------------------------|-----------------|----------------|--------------|----------------|
| High School   |                            |                 |                |              |                |
| College       |                            |                 |                |              |                |
| Other (trade) |                            |                 |                |              |                |

**EMPLOYMENT RECORD: STARTING WITH present MOST RECENT.** List all previous employers. Include self-employment, military service, summer, gaps in employment, and part-time jobs. (You may write "see resume" ONLY if more space is needed for "Duties Performed"---we would like all employer information please)

|                     |                |    |                  |
|---------------------|----------------|----|------------------|
| 1. Employer         | Dates Employed |    | Duties Performed |
|                     | From           | To |                  |
| Address             |                |    |                  |
| Telephone Number(s) |                |    |                  |
| Job Title           |                |    |                  |
| Reason for Leaving  |                |    |                  |
| Supervisor          |                |    |                  |
|                     |                |    |                  |
| 2. Employer         | Dates Employed |    | Duties Performed |
|                     | From           | To |                  |
| Address             |                |    |                  |
| Telephone Number(s) |                |    |                  |
| Job Title           |                |    |                  |
| Reason for Leaving  |                |    |                  |
| Supervisor          |                |    |                  |
|                     |                |    |                  |
| 3. Employer         | Dates Employed |    | Duties Performed |
|                     | From           | To |                  |
| Address             |                |    |                  |
| Telephone Number(s) |                |    |                  |
| Job Title           |                |    |                  |
| Reason for Leaving  |                |    |                  |
| Supervisor          |                |    |                  |
|                     |                |    |                  |
| 4. Employer         | Dates Employed |    | Duties Performed |
|                     | From           | To |                  |
| Address             |                |    |                  |
| Telephone Number(s) |                |    |                  |
| Job Title           |                |    |                  |
| Reason for Leaving  |                |    |                  |
| Supervisor          |                |    |                  |
|                     |                |    |                  |
| 5. Employer         | Dates Employed |    | Duties Performed |
|                     | From           | To |                  |
| Address             |                |    |                  |
| Telephone Number(s) |                |    |                  |
| Job Title           |                |    |                  |
| Reason for Leaving  |                |    |                  |
| Supervisor          |                |    |                  |
|                     |                |    |                  |

*You may also provide a detailed resume indicating---Employer, address, telephone, dates employed, job title, supervisor, duties performed, and reason for leaving. Resumes that do not have all information will be considered incomplete. Please explain unemployment gaps, if any.*