



YWCA Utah
322 E 300 S
Salt Lake City, UT 84111

T: 801-537-8604
F: 801-355-2826
www.ywcautah.org

APPLICATION FOR EMPLOYMENT

Please fill out completely. An incomplete application may delay or disqualify you. Please attach a résumé or other information summarizing your experience that you would like to have considered with your application. Please alert us if you require assistance or accommodation in the application process. Be advised that all employees must be screened for criminal and child abuse history, and must provide documentation showing authorization to work in the U.S. Completed applications may be submitted at hr@ywcautah.org.

The YWCA Utah is an Equal Opportunity Employer and values a diverse workplace.

Position applied for	Date of application
Where did you hear about this job opening?	

Last Name	First Name	Middle Name
Address	City	State Zip
Day Phone	Evening Phone	Email

Have you or has a member of your family ever been an employee, volunteer or client of the YWCA?
 Yes No If yes, please explain.

Are you available to work weekdays weekends days evenings nights

Are you interested in work which is full time part time temporary summer other (specify)

On what date could you begin?

What languages do you speak fluently? _____ Passably? _____

EMPLOYMENT EXPERIENCE: Start with your present or most recent job. *Significant volunteer activities should be included.* If you need additional space, please continue on a separate sheet of paper. All applicants must supply the following information; a résumé is not sufficient.

Employer	Supervisor Name Phone May we contact? <input type="checkbox"/> yes <input type="checkbox"/> No
Address	Dates Employed (Month/Year) From: To:
Phone ()	Hours Worked Per Week
Position	
Primary Duties	
Number of Employees You Supervised	Reason for Leaving

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EDUCATION Type of School	Name and Location (City, State)	Course of Study	Diploma/Degree/ Certificate
1. High School or GED			
2. Business or Technical			
3. Undergraduate Studies			
4. Graduate Studies			
5. Other Job-Related Training or Professional Licenses			

REFERENCES: Please list or attach names of three persons, excluding friends and family members, who have knowledge of your work experience and professional qualifications. References should include at least one direct supervisor.

Name	Relationship	Phone Number(s)	Email
1.			
2.			
3.			

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. 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 employment with the YWCA is "at will", which mean that an employee may resign at any time without stating a reason or giving notice, or that the YWCA may terminate employment at any time with or without notice.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY:

Disposition: Hired Not Hired Rehired

Start Date _____ Hours per week _____ Wage _____

Job Title _____

Position Previously Held By _____

Hiring Manager Approval _____ Date _____

Department Director Approval _____ Date _____

Senior Leadership Approval _____ Date _____

HR
Revised: 12-2019