

# YWCA Tulsa

## Application for Employment

Thank you for your interest in the YWCA Tulsa. The YWCA is a nonprofit organization committed to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all.

YWCA Tulsa is committed to providing our employees a stable work environment with equal opportunity for learning and growth. Employee creativity and innovation are encouraged for improving the effectiveness of the YWCA. Above all employees will be provided the same concern, respect, and caring attitude within the organization that they are expected to share with other employees and every YWCA client.

YWCA Tulsa is an Equal Employment Opportunity Employer and will not discriminate against an applicant or employee on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability, sexual orientation, gender identity and gender expression, genetic information, marital status, status as a covered veteran, or any other legally recognized protected basis under federal, state, or local laws, regulations, or ordinances.

Further, the YWCA will provide reasonable accommodations to the known disabilities of applicants and employees unless to do so would pose an undue hardship. Please inform the YWCA's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

**Instructions:** Please print in ink or type. Fill out the application form completely; if questions are not applicable, enter "N/A". Please attach a resume or cover letter in addition to the completed application if desired; however, they will only be considered as additional information. If additional space is required to complete any section, please attach a separate sheet at the end of this application. Be sure to sign the completed form.

**PERSONAL**

Last Name:	First Name:	Middle Initial:	Date Application Completed:
Street Address:			Home Phone:
City:	State:	Zip Code:	Cell Phone:
Are you related to anyone currently employed at the YWCA Tulsa? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, who?			Email:
Have you ever applied for employment with the YWCA Tulsa? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, give month and year:			For what position?:
Have you ever worked for the YWCA Tulsa before? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, give month(s) and year:			Position Applying for Today:
Were you referred by a YWCA employee? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, whom?			_____
I will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Work		If Part Time, list hours available:	Date Available to Begin:

Are you at least 18 years of age?

YES  NO

Are you legally authorized to work in the United States?

YES  NO

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? (If hired, verification will be required consistent with federal law.)

YES  NO

**EDUCATION**

School	Name/Address	Course of Study or Major/Minor	Number of Years or Credit Hours Completed	Did you graduate or complete training?	Degree, Diploma, or Certificate Received
High School					
College/Area Vo-Tech School					
College/Area Vo-Tech School					
Other:					

**CERTIFICATION/LICENSES**

Please list any certifications or licenses you have that relate to the position; i.e., teacher, lifeguard, water safety instructor, or other

**EMPLOYMENT INFORMATION**

Please provide accurate, complete, full-time and part-time employment information. Start with present or most recent employer. In order for this application to be considered, all areas must be completed even if you are submitting a resume. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Name of Company/Organization:		Phone:	
Address:		Employed (Month/Year)	
Your Job Title:	Supervisor's Name and Title:	From	To
Reason for Leaving:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Description of Duties Performed:			

May we contact this employer in regard to your job performance?

YES If Yes, please provide a phone number and/or an email address \_\_\_\_\_

NO If No, please explain \_\_\_\_\_

Name of Company/Organization:		Phone:
Address:		Employed (Month/Year)
Your Job Title:	Supervisor's Name and Title:	From To
Reason for Leaving:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Description of Duties Performed:		

May we contact this employer in regard to your job performance?

- YES If Yes, please provide a phone number and/or an email address \_\_\_\_\_
- NO If No, please explain \_\_\_\_\_

Name of Company/Organization:		Phone:
Address:		Employed (Month/Year)
Your Job Title:	Supervisor's Name and Title:	From To
Reason for Leaving:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Description of Duties Performed:		

May we contact this employer in regard to your job performance?

- YES If Yes, please provide a phone number and/or an email address \_\_\_\_\_
- NO If No, please explain \_\_\_\_\_

**ADDITIONAL SKILLS**

Please list additional skills, training, qualifications, or interests you have that are applicable to the position for which you have applied. Be specific as to type of skills training, including any equipment which you have experienced operating.

**REFERENCES**

Please provide three professional references. **Do not** include family members.

Name	Phone Number	Professional Reference
1.		
2.		
3.		

## CONVICTION RECORD

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It is the responsibility of the YWCA to provide a safe working environment for their employees and a safe environment for members and their families.

Have you ever been convicted of a crime that has not been expunged or sealed? You are not required to disclose sealed or expunged records of conviction or arrest.

YES  NO Record      If you answered yes, please explain in detail including the date. (Use additional pages, if necessary.)

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A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violation, the age at the time of conviction, the date of conviction, time elapsed since the conviction or completion of any jail sentence, and the entire work and educational history, as well as employment references and recommendations will be considered.

## APPLICANT CERTIFICATION

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By signing this application for employment, I certify that I have read and understand all parts of it and certify that the information I have supplied is correct, truthful and complete to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be ground for rejection of my application or termination from subsequent employment, regardless of when such falsification may be discovered.

I understand that consideration for employment in this position is contingent upon complying with the YWCA's requirements, including, but not limited to, signing a consent to conduct a background check, and the results of reference and background checks. I further understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the YWCA.

I therefore authorize the YWCA to investigate all statements made on my application for employment or during my interviews, as well as information necessary to evaluate me as a candidate for employment, and to discuss the results of the investigations with those responsible for hiring. I further authorize the YWCA to contact my former employer(s) (unless otherwise indicated on the application), education institutions, and any listed references or other persons who can verify information. I give my consent for my former employer(s), education institutions, and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability any such former employer(s), education institutions, or other persons contacted by and providing information to the YWCA.

Employment with the YWCA is at-will and is not for a fixed period of time. Therefore, I acknowledge that if hired I will be an at-will employee. YWCA retains the right to terminate and/or discipline any employee, and revise the terms and conditions of employment, at any time, for any or no reason, with or without notice. I also understand that this means I am free to quit my employment at any time for any or no reason, with or without notice. Nothing in this application, or in any oral or written statement provided to me by the YWCA, can alter the status of an employee as at-will, and no one will have any authority to change this at-will status unless such change is in a written agreement signed by the Chief Executive Officer (CEO).

I similarly understand that current personnel policies, programs, practices, procedures and benefits are subject to management discretion and may be changed at any time with or without prior notice.

If accepted for employment, I agree to comply with all organization policies and procedures, and with all rules and regulations made known to me at the time of employment or any other time thereafter; and to perform all duties assigned to me to the best of my ability.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

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

## EEO-1 Self-Identification Form

The YWCA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their gender, race, ethnicity and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

Please note that the categories on this form are dictated by the federal government, and do not reflect the much wider diversity of identities that the YWCA recognizes as important to having a fully diverse/inclusive team. As part of our internal diversity and inclusion strategy, we will be planning to administer a much more thorough demographic/reflection survey at a later date. For this particular issue, however, we will have to work within the limitations of this system.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from your personnel records.

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

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

### EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

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

Check one:  Male  Female

**Ethnicity:** Are you Hispanic or Latino?

No, I am **not Hispanic or Latino.**

Yes, I am **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

## EEO-1 Survey (Continued)

**Race** : What is your race? Select **ONE** of the following categories:

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *races*.

Check if the following if applicable: \_\_\_\_\_

- Veteran** - As defined under one or more of the following:
  - served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
  - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
  - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
  - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for YWCA Tulsa, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_