

Application for Employment

Date of Application: ____ / ____ / ____

All applicants must submit a completed Application for Employment AND a current Resume.

Position and Availability Information

Position Applying For: _____

I am seeking a permanent position: Yes No

I am seeking temporary work until (date): ____ / ____ / ____

I will be able to report to work, if hired, on the following date: ____ / ____ / ____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Driver's License State and Number: _____

Mailing Address: _____

Physical Address: _____

Home Number: _____ Work Number: _____ Email: _____

State licensing regulations require that all employees at our facility be at least 21 years of age.

Are you at least 21 years old? YES NO

State licensing regulations prohibit our facility and agency from employing any person who has been convicted of a crime involving moral turpitude, violence or bodily harm to other human beings.

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, please explain: _____

Any person who has been convicted of driving under the influence of alcohol or other drugs within the last five years and whose job requires transporting clients will not be employed by YAS. All other situations related to hiring employees with a past drug/alcohol conviction history will be handled on a case-by-case basis as determined by the YAS Executive Director.

Have you ever been convicted of driving under the influence of alcohol? YES NO

If yes, provide date of conviction: _____

Emergency Contact Information

In case of accident or illness please contact:

First Name: _____ Last Name: _____

Relationship: _____ Telephone: _____

Education Information

High School: _____

Mailing Address: _____

Last Year Completed: 9 10 11 12 Graduation Date: _____

College/University: _____

Mailing Address: _____

Last Year Completed: 13 14 15 16 Degree Attained: _____

Employment Information

List the last 7 years of employment beginning with the most recent (please use additional sheets if necessary). Any absence longer than 2 months must be explained.

Employer Name: _____

Employer Address including City, State, Zip: _____

Dates of Employment From: _____ To: _____

Supervisor's Name: _____ Supervisor's Telephone: _____

Job Title: _____ Rate of Pay: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address including City, State, Zip: _____

Dates of Employment From: _____ To: _____

Supervisor's Name: _____ Supervisor's Telephone: _____

Job Title: _____ Rate of Pay: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Employer Name: _____
Employer Address including City, State, Zip: _____
Dates of Employment From: _____ To: _____
Supervisor's Name: _____ Supervisor's Telephone: _____
Job Title: _____ Rate of Pay: _____
Brief Description of Duties: _____

Reason for Leaving: _____

Employer Name: _____
Employer Address including City, State, Zip: _____
Dates of Employment From: _____ To: _____
Supervisor's Name: _____ Supervisor's Telephone: _____
Job Title: _____ Rate of Pay: _____
Brief Description of Duties: _____

Reason for Leaving: _____

Employer Name: _____
Employer Address including City, State, Zip: _____
Dates of Employment From: _____ To: _____
Supervisor's Name: _____ Supervisor's Telephone: _____
Job Title: _____ Rate of Pay: _____
Brief Description of Duties: _____

Reason for Leaving: _____

Experience

What experience do you have working with at-risk youth ages 5 to 19? _____

References

Please list 3 references not related to you who have knowledge of your work experience and abilities.

Name: _____
Mailing Address including City, State, Zip: _____
Relationship to You: _____ Telephone: _____

Name: _____
Mailing Address including City, State, Zip: _____
Relationship to You: _____ Telephone: _____

Name: _____
Mailing Address including City, State, Zip: _____
Relationship to You: _____ Telephone: _____

In the event of my employment with this organization, I will comply with all of the rules and regulations as set forth in the organization’s policy manual or other communications distributed to all staff members. I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest. I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization; I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract for employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the organization. I understand that past employers/educational institutions and/or military will be contacted for references.

I hereby acknowledge that I have read the above statement and understand the same.

X _____ / ____ / ____
Signature of Applicant Date