



# Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

**Instructions to Applicant** - You must fully and accurately complete the application for employment. Incomplete applications will not be considered. Social Advocates for Youth may use the information given in the application to investigate the applicant's previous employment and background.

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

Street Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
(if different) STREET CITY STATE ZIP CODE

Telephone#: \_\_\_\_\_ Mobile/Other#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please state all names used for education, employment, or other purposes including dates used, and reasons/purpose as well as preferred nicknames:

Position Applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Type of employment desired: Full Time Part Time Temporary

Are you able to work overtime, if necessary? ..... YES NO

Are you available for work on weekends? ..... YES NO

Date Available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you at least 18 years old? ..... YES NO

If under 18, and it is required can you furnish a work permit? ..... YES NO

If no, please explain: \_\_\_\_\_

Have you ever been employed with this organization before? ..... YES NO

If yes, when? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... YES NO

If not, please describe the functions that cannot be performed?

If the position you are applying for requires driving and automobile or truck, do you have a valid Motor Vehicle License? ..... YES NO

If yes, you will be required to submit a DMV records check and provide proof of insurance upon receipt of an offer of employment.



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## WORK HISTORY

Start with your present or most recent job including military service assignments. Account for all periods of unemployment, including time in school or training. If you have worked for more than three employers, please use a separate sheet. This section must be completed even if attaching resume

Name of Employer:		Address/City/State:	
Position/Department:		From: (Mo/Yr) To: (Mo/Yr)	Hours per week:
Duties:			
Supervisor:	May we contact this employer for a reference? YES      NO	Telephone Number:	
Employment Status: Full-time      Part-time      Temporary		Reason for leaving:	

Name of Employer:		Address/City/State:	
Position/Department:		From: (Mo/Yr) To: (Mo/Yr)	Hours per week:
Duties:			
Supervisor:	May we contact this employer for a reference? YES      NO	Telephone Number:	
Employment Status: Full-time      Part-time      Temporary		Reason for leaving:	

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Duties:			
Supervisor:	May we contact this employer for a reference? YES      NO	Telephone Number:	
Employment Status: Full-time      Part-time      Temporary		Reason for leaving:	



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## SKILLS

Summarize any training, skills (including software/computer skills), professional license(s) and/or certificates that you believe will be beneficial for the position you are applying for:

Have you ever had any action taken against your professional license? .....YES NO N/A

If yes, please explain circumstances and outcome:

\_\_\_\_\_

Languages you Speak:\_\_\_\_\_ Write:\_\_\_\_\_ Read:\_\_\_\_\_

Speak:\_\_\_\_\_ Write:\_\_\_\_\_ Read:\_\_\_\_\_

## EDUCATION

Name and address of school	Courses of study	No. of years completed	Did you graduate?	Degree or diploma?
High School:			Yes No	
College/University:			Yes No	
Vocational/Business:			Yes No	
Other:			Yes No	

## REFERENCES

Provide contact information for three persons not related to you who have knowledge of your work performance within the last six years.

Name	Address	Phone Number	Occupation	No. of years known



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## Application Statement

*Please read carefully, initial each paragraph and sign below.*

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I have accounted for all of my education, training, work experience, and other information requested on this application. Information provided on this application form, resume and other documents provided to Social Advocates for Youth is true correct and complete. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any false, misleading, or incomplete information, omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Social Advocates for Youth to thoroughly investigate my references, work record, education, criminal history and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that I will not be denied employment solely on the grounds of conviction for a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the organization and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the organization, and that no promises or representations contrary to the foregoing are binding on the organization unless made in writing and signed by me and the organization's Chief Executive Officer.

\_\_\_\_\_ I understand that my employment is contingent upon my successful completion of a pre-employment, post offer, physical examination.

\_\_\_\_\_ I also understand that if I am hired I will be require to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Save Form

Please save your application form and email it to your Human Resources contact at Social Advocates for Youth.