

**Family Youth Interaction
Community Services**

Please Be Advised
If you are offered a position, you will be subject to drug testing, a driver's license check, criminal background check and previous employers will be contacted.

APPLICATION FOR EMPLOYMENT

DATE COMPLETED

Please PRINT and answer every question. Use blue or black ink only.

				Social Security Number
NAME	(FIRST)	(MIDDLE)	(LAST)	(TELEPHONE NUMBER)
ADDRESS	(NUMBER)	(STREET)		(LENGTH OF TIME)
(CITY)	(STATE)	(ZIP)		(EMAIL ADDRESS)

List previous addresses within the United States, except Military, during the past 5 years.

NO	STREET	CITY	STATE	ZIP	FROM (DATE) TO
NO					FROM (DATE) TO
NO					FROM (DATE) TO
NO					FROM (DATE) TO

How were you referred to us?

State position you are applying for: _____

Name: _____

Part Time Full Time Temporary

- | | | | |
|--|---------------------------|--|----------|
| | Employee | | Relative |
| | Friend | | School |
| | Private Employment Agency | | |
| | Newspaper | | |
| | Job Service | | |
| | Radio | | Internet |
| | Other | | |

Desired salary range: _____

Date available for work: _____

Specify hours available for each day of the week	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

- Yes No Are you over 18 years of age or older?
- Yes No Work assignments will be made based on the needs of the people we serve and may include work on evenings, weekends and holidays. Are you willing to meet these requirements?
- Yes No If the position requires it, are you willing and able to meet travel requirements, if necessary?
- Yes No Are you related to anyone currently employed by FYI?

EMPLOYMENT RECORD

Yes No Are you presently employed?

Yes No May we contact your present employer?

If presently employed, why do you desire to change your position? _____

Please list a minimum of your last five years of employment history.

Present/Most Recent Employer	Employer's Name Address and Telephone: _____	DATES EMPLOYED MO. / YR. MO. / YR. ____ / ____ to ____ / ____
	Ending Base Salary: _____ Last Supervisor's Name: _____	HOURS WORKED Per Week _____
	Title & Nature of Duties (briefly): _____	
	Reason for Leaving: _____	
First Previous Employer	Employer's Name Address and Telephone: _____	DATES EMPLOYED MO. / YR. MO. / YR. ____ / ____ to ____ / ____
	Ending Base Salary: _____ Last Supervisor's Name: _____	HOURS WORKED Per Week _____
	Title & Nature of Duties (briefly): _____	
	Reason for Leaving: _____	
Second Previous Employer	Employer's Name Address and Telephone: _____	DATES EMPLOYED MO. / YR. MO. / YR. ____ / ____ to ____ / ____
	Ending Base Salary: _____ Last Supervisor's Name: _____	HOURS WORKED Per Week _____
	Title & Nature of Duties (briefly): _____	
	Reason for Leaving: _____	
Third Previous Employer	Employer's Name Address and Telephone: _____	DATES EMPLOYED MO. / YR. MO. / YR. ____ / ____ to ____ / ____
	Ending Base Salary: _____ Last Supervisor's Name: _____	HOURS WORKED Per Week _____
	Title & Nature of Duties (briefly): _____	
	Reason for Leaving: _____	

UNEMPLOYMENT RECORD

Account for all periods of unemployment during the last 5 years.

FROM Month/Year	TO MONTH/YEAR	Reason

Have you ever been discharged from any employment or been asked to resign? If yes, please explain. _____

EDUCATION

Name	Address / City / State	Degree/Major	Graduated? Y N	Circle last year completed
PLEASE CIRCLE: High School / GED <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4
College/University/Technical School				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4
Graduate School				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4

List computer skills: _____

LICENSES AND CERTIFICATES

List below any licenses or certificates you have earned or are in the process of earning.

License Certificate	Issued By	Date Earned/Expected	Expiration Date

Have you ever had a license/certification revoked due to a violation? If yes, please explain _____

EMPLOYMENT REFERENCES

(List personal references only if you have no employment references)

1. CHECK ONE <input type="checkbox"/> Employment Reference <input type="checkbox"/> Personal Reference	NAME	TITLE/RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED
ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NUMBER
2. CHECK ONE <input type="checkbox"/> Employment Reference <input type="checkbox"/> Personal Reference	NAME	TITLE/RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED
ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NUMBER
3. CHECK ONE <input type="checkbox"/> Employment Reference <input type="checkbox"/> Personal Reference	NAME	TITLE/RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED
ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NUMBER

In order to conduct reference checks, please list any other name(s) you have worked under: _____

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

After employment, can you provide verification of your legal right to work in the United States?

After employment, can you submit verification of a valid drivers license?

Have you ever been convicted of a crime (criminal or non-criminal) other than a minor traffic infraction?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do you currently have pending charges against you?

Have you ever been convicted of a sex-related or child abuse offense?

If yes to either question, please list all criminal convictions or pending criminal convictions or ordinance violations, other than minor traffic infractions. Identify the date of each conviction, the punishment imposed, the circumstances of the conviction and any other information you think is relevant to your situation. Be specific as possible.

Note: Conviction of a crime is not an automatic bar to employment. FYI will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying before making a decision.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Have allegations been made about you in work setting or any complaints filed against you with professional or licensing agencies? Explain the allegations and/or complaints, when they were made, who conducted the investigation and the investigation results.

GENERAL INFORMATION

Use the space below to describe your interest in FYI and the skills and aptitudes that you feel qualify you for a position with us. You may wish to include civic and community activities, professional societies in which you participated, special training or skills. If you need more space, please continue on a separate sheet of paper.

PLEASE READ BEFORE SIGNING

If you have any questions regarding this statement, please ask them of the person who provided you with this application. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. I certify that the information provided in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of my application or, if I am employed, for my dismissal. I authorize all persons to respond to inquiries concerning me, to supply verification of the information provided in this application, to provide an evaluation of my prior work performance and to comment on my background and character; and, I release them from all liability and responsibility arising from them doing so. In consideration for my employment, I agree that my employment and compensation can be terminated with or without cause, at any time, at the option of the Agency or myself.

_____ Date

_____ Applicant's Signature