



Facility to which you are applying	
Date of Application	/ /

Please print clearly

Position(s) Applying For			
Referral Source (please check)	<input type="checkbox"/>	Advertisement/Job Post Board (Indeed, CareerBuilder, etc.)	
	<input type="checkbox"/>	Current Employee Referral	
	<input type="checkbox"/>	Friend/Relative	
	<input type="checkbox"/>	Walk In	
	<input type="checkbox"/>	Other _____	
Name of Referral Source (if applicable)			

Applicant Name	_____		
	Last	First	Middle
Address	_____		
	Street and Unit/Apt. #		
	City	State	Zip Code
Other Aliases or Maiden Names			
Primary Telephone Number			
Alternate Telephone Number			
Email Address			
Social Security Number			
How best may we contact you? (mark clearly)	<input type="checkbox"/>	Primary Phone	<input type="checkbox"/>
		<input type="checkbox"/>	Secondary Phone
			<input type="checkbox"/>
			Email
Best time(s) to contact you			
Have you applied with us before?	_____ YES _____ NO		If yes, please list date:

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Type of Employment Desired		Full Time		Part Time		Temporary
Are you currently laid off and subject to recall?	_____ YES _____ NO					
Are you willing to work overtime if needed?	_____ YES _____ NO					
Are you willing to relocate?	_____ YES _____ NO					
Are you available to work different shifts?	_____ YES _____ NO					
Would you consider occasionally working shifts at other facilities if needed?	_____ YES _____ NO					
Have you ever been arrested and/or charged with a misdemeanor or felony offense?	_____ YES _____ NO					
	If yes, please explain:					
Have you ever been investigated for or had allegations/charges of child abuse or neglect?	_____ YES _____ NO					
	If yes, please explain:					
Have you ever been investigated for or had allegations/charges related to domestic violence, sexual assault, or physical assault?	_____ YES _____ NO					
	If yes, please explain:					



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Employment History: (if you have a resume, please attach to your completed application) Please list your last three (3) employers, beginning with the most recent first. Please include any military experience.			
Employer and Address			
Job Title		Telephone Number	
Dates Employed	From:		To:
Supervisor's Name		Supervisor's Job Title	
Reason for Leaving			
Starting Salary	_____ per _____	Ending Salary	_____ per _____
May we contact for reference? (circle)	YES	NO	LATER
Employer and Address			
Job Title		Telephone Number	
Dates Employed	From:		To:
Supervisor's Name		Supervisor's Job Title	
Reason for Leaving			
Starting Salary	_____ per _____	Ending Salary	_____ per _____
May we contact for reference? (circle)	YES	NO	LATER
Employer and Address			
Job Title		Telephone Number	
Dates Employed	From:		To:
Supervisor's Name		Supervisor's Job Title	
Reason for Leaving			
Starting Salary	_____ per _____	Ending Salary	_____ per _____
May we contact for reference? (circle)	YES	NO	LATER

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Education: (List last three (3) schools attended, starting with most recent)			
School Name/Address			
Number of Years Completed		Diploma?	Major:
School Name/Address			
Number of Years Completed		Diploma?	Major:
School Name/Address			
Number of Years Completed		Diploma?	Major:
References: List name and telephone number of three (3) business/work related references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.			
Name		Years Known	
Phone		Relationship	
Name		Years Known	
Phone		Relationship	
Name		Years Known	
Phone		Relationship	
Please list special skills and qualifications acquired from employment or other experiences that may qualify you to work with our organization (attach separate sheets if needed).			
List special accomplishments, publications, awards, or any other information you would like us to consider regarding your employment with us. Exclude information which reveals sex, race, religion, national origin, age, disability, or any other protected status (attach separate sheets if needed).			



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Driver's license number _____ Issuing State _____

Expiration date: _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____

Date ____/____/____