



# Youth Advocate Services

825 Grandview Ave. Columbus, OH 43215

p: 614.258.9927 | f: 614.487.9319

Send resume, cover letter and this application to

jacqueline.diaz@yasohio.org

## Employment Application

### Applicant Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date Available:** \_\_\_\_\_ **Desired Salary:** \$ \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

**Availability:**  Full Time  Part Time  Temporary  Contract  
*35-40hrs/week Less than 35hrs/week Length of time: \_\_\_\_\_*

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES  NO  If yes, explain: \_\_\_\_\_

Do you have access to an automobile for daily work-related travel? YES  NO  Do you have a valid driver's license? YES  NO

License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp: \_\_\_\_\_

Have you ever received a moving violation (tickets, etc.)? YES  NO  If yes, explain: \_\_\_\_\_

**If you are currently employed, why are you interested in changing agencies and/or positions?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about the position you are applying for:**

College/School  Counselor, Social Worker & Marriage & Family Therapist Board  Current YAS Employee  Facebook  Indeed  LinkedIn

Other (specify): \_\_\_\_\_

Do you have any impairment (physical, mental or medical) which would prevent you from performing, in a reasonable manner, the activities involved in the job or occupation for which you applied? *Applicants will receive consideration without regard to the presence of a non-job-related medical condition or handicap.*

YES  NO

If yes, explain:

Are there any positions or types of positions for which you should not be considered, or job duties you cannot perform in a reasonable manner, because of a physical, mental or medical disability? *Applicants will receive consideration without regard to the presence of a non-job-related medical condition or handicap.*

YES  NO

If yes, explain:

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Describe any relevant specialized training, skills, honors received and/or extra-curricular activities:

### Memberships in Professional or Civic Organization:

*You may exclude those which may disclose your race, color, religion or national origin*

### References

*Please list three professional references who are not related to you and are not previous employers.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

*Begin with your present or most recent employer. Include internship/apprenticeship experience, volunteer work, and military service, if any*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Have you ever been asked to leave a job or were terminated?

YES  NO

If yes, explain:

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Summarize special skills and qualifications acquired from employment, or other experience(s), that you feel would benefit you in the position you applied for and/or as a YAS employee:

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Explain why you believe you would enjoy working with youth and with an agency which serves and advocates for youth:

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State any additional information you feel may help us in considering your application:

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**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I authorize investigation of all statements and information contained in this application for employment as may be necessary in arriving at an employment decision.*

*I understand that this application is not, and is not intended to be, a contract for employment.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**Applicants will receive consideration without regard to race, color, Religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.**

**FOR EMPLOYER USE ONLY**

*Do not write below this line*

DATE RESUME RECEIVED:		DATE OFFICIAL TRANSCRIP(S) RECEIVED:	
DATE PERSONAL REFERENCE CHECKS COMPLETED:		DATE EMPLOYER REFERENCE CHECKS COMPLETED:	
DATE(S) OF INTERVIEW(S):		DATE CRIMINAL RECORDS CHECK RECEIVED:	
POSITION OFFERED ON (date):		POSITION ACCEPTED/REJECTED ON (date):	
DATE OF EMPLOYMENT:		DATE OF EMPLOYMENT LETTER:	