



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

scochey@yasohio.org

Employment Application

Position applying for: _____ Date: _____

Date Available: _____ Desired Salary: \$ _____

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

Have you ever worked for YAS before? YES NO If yes, when? _____

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): _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Please indicate your licensure type:
If applicable

LSW LISW LISW-S
 LPC LPCC LPCC-S

Do you have a National Provider Identifier (NPI) number? YES NO

If yes, please provide: #

Are you currently enrolled with Ohio Department of Medicaid as a provider? YES NO

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

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 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

Have you ever received a moving violation (tickets, DUI, OVI, etc.)? YES NO

If yes, explain: _____

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: _____	Graduated? <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma: _____
College: _____	Graduated? <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other: _____	Graduated? <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other: _____	Graduated? <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____

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

Memberships in Professional or Civic Organization:

You may choose to exclude those which 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: _____
Email: _____	Best time to contact: _____
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Email: _____	Best time to contact: _____
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Email: _____	Best time to contact: _____

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:

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

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

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.

Do not write below this line

FOR EMPLOYER USE ONLY

DATE RESUME RECEIVED:		DATE OFFICIAL TRANSCRIP(S) RECEIVED:	
DATE PERSONAL REFERENCE CHECKS COMPLETED:		DATE EMPLOYER REFERENCE CHECKS COMPLETED:	
DATE LICENSE VERIFIED:		DATE NPI # VERIFIED:	
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:	