



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:

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.

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:	