

825 Grandview Avenue
Columbus, Ohio 43215
Telephone (614) 258-9927
Fax (614) 487-9319
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[illegible]

(please type or print)

Referral Source: Advertisement _____ Friend _____ Relative _____ Walk-in _____
Employment Agency _____ Other _____

Name: _____

LAST FIRST MIDDLE

Address: _____

Number	Street	City	County	State	Zip Code
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Telephone: () _____ **Length of time at above address:** _____

Area Code

1.	Number	Street	City	County	State	Zip Code	Date of Residence
2.	Number	Street	City	County	State	Zip Code	Date of Residence
3.	Number	Street	City	County	State	Zip Code	Date of Residence
4.	Number	Street	City	County	State	Zip Code	Date of Residence

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Are you a citizen of the United States? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Have you been convicted of a felony or misdemeanor in the past ten (10) years?

Yes _____ No _____ If yes, please 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 _____

If yes, please provide following information:

License No. _____ State of Issue _____ Date of Expiration _____

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? Yes _____

No _____ If yes, please explain: _____

If there are 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, please explain: _____

When would you be available to begin work? _____

Are you available to work: Full Time _____ Part Time _____ Temporary _____

Earnings expected: \$ _____ Per _____

If you are currently employed, why do you want to change jobs? _____

Education

<u>School</u>	<u>Name/Location</u>	<u>Course of Study</u>	<u>No. Years Completed</u>	<u>Did you Graduate</u>	<u>Degree or Diploma</u>
High School					

College/
University

Graduate/
Professional

Other
(Specify)

Describe specialized training,
skills and extra-curricular
activities:

Honors received:

Memberships in Professional or Civic Organization

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

Professional References

(Give name, address and telephone number of three (3) references who are not related to you and are not previous employers)

1.	Name	Address	Telephone #	How long known
2.	Name	Address	Telephone #	How long known
3.	Name	Address	Telephone #	How long known

Employment Experience

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

Employer: _____

Address: _____ **Telephone:** () _____

Supervisor: _____ **Telephone:** () _____

Dates Employed: From _____ To _____ **Job Title:** _____

Hourly Rate/Salary: Starting \$ _____ Final \$ _____ **Description of Duties:** _____

Reason for Leaving: _____

=====

Employer: _____

Address: _____ **Telephone:** () _____

Supervisor: _____ **Telephone:** () _____

Dates Employed: From _____ To _____ **Job Title:** _____

Hourly Rate/Salary: Starting \$ _____ Final \$ _____ **Description of Duties:** _____

Reason for Leaving: _____

=====

Employer: _____

Address: _____ **Telephone:** () _____

Supervisor: _____ **Telephone:** () _____

Dates Employed: From _____ To _____ **Job Title:** _____

Hourly Rate/Salary: Starting \$ _____ Final \$ _____ **Description of Duties:** _____

Reason for Leaving: _____

=====

Employment Experience (Continued)

Employer: _____

Address: _____ **Telephone:** () _____

Supervisor: _____ **Telephone:** () _____

Dates Employed: From _____ **To** _____ **Job Title:** _____

Hourly Rate/Salary: Starting \$ _____ **Final \$** _____ **Description of Duties:** _____

Reason for Leaving: _____

Employer: _____

Address: _____ **Telephone:** () _____

Supervisor: _____ **Telephone:** () _____

Dates Employed: From _____ **To** _____ **Job Title:** _____

Hourly Rate/Salary: Starting \$ _____ **Final \$** _____ **Description of Duties:** _____

Reason for Leaving: _____

We may contact the employers listed above unless you indicate below those you do not want contacted.

Do not contact:

Employer Name _____

Reason: _____

Employer Name _____

Reason: _____

Employer Name _____

Reason: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

Have you ever been asked to leave a job or were terminated? Yes___ No ___

If yes explain: _____

Have you ever had any moving violations (tickets, etc.)? Yes___ No ___

If yes explain: _____

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: _____

Applicant's Statement

I hereby declare the information provided by me in this Application for Employment is true, correct, 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.

I understand that if employed, any false or misleading information given in my application or interviews are grounds for, and may result in discharge. I understand also, that if employed, I am required to abide by all present and subsequently issued rules and regulations of the agency.

Signature of Applicant

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 Transcript(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: ____/____/____