



**Youth Advocate Services**  
 2323 W. Fifth Ave. Suite 150 | Columbus, OH 43204  
 p: 614.258.9927 | f: 614.745.1964  
 Send resume, cover letter and this application to  
 LPompas@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?  YES  NO Diploma: \_\_\_\_\_  
College: \_\_\_\_\_ Graduated?  YES  NO Degree: \_\_\_\_\_  
Other: \_\_\_\_\_ Graduated?  YES  NO Degree: \_\_\_\_\_  
Other: \_\_\_\_\_ Graduated?  YES  NO 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: \_\_\_\_\_

**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:

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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.*

*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:	