



## 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

Lbreck@yasohio.org

### Employment Application

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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 authorized to work in the U.S.? YES NO  
☐ ☐

If offered employment, you will be required to provide documentation to verify eligibility

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	Diploma: _____
College: _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree: _____
Other: _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree: _____
Other: _____	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> 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 disclose information relating to race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status*

### 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: \_\_\_\_\_

**Youth Advocate Services is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.**

#### 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:	