



# EMPLOYMENT APPLICATION

Employment Desired: \_\_\_\_\_

Full-Time     Part-Time

Date Available for Employment: \_\_\_\_\_

## PERSONAL INFORMATION

First Name	Last Name	Middle Initial	
Address	City	State	Zip
Home Phone	Cell Phone	Email	

## ADDITIONAL INFORMATION

1. Have you ever volunteered for, been a member of, or been employed by Youth Alliance?  Yes     No
2. Do you have a valid California Driver's License?  Yes     No  
     License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Class: \_\_\_\_\_
3. Are you a Work Study student?  Yes     No
4. Are you over 18 years of age?  Yes     No
5. Have you ever been convicted of any criminal felony or misdemeanor? (The existence of a criminal record does not automatically bar you from employment, however, failure to report is cause for disqualification or dismissal)  Yes     No
6. Have you ever been discharged or requested to resign for misconduct or unsatisfactory service?  Yes     No
7. Will you require disability-related accommodations for testing or interviews?  Yes     No

If you answered **YES** to questions 5-7, please explain: (Use additional paper and attach if necessary)

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION / SKILLS & CERTIFICATIONS

Do you have a High School Diploma or G.E.D.?     Yes     No     In Progress (Expected Date of Completion: \_\_\_\_\_)

Name and Location of Colleges or Job-Related Trade Schools Attended	Major	Total Units Sem.   Qtr.	Year of Degree / Expected Completion Date if In Progress
_____	_____	____ ____	_____
_____	_____	____ ____	_____
_____	_____	____ ____	_____

Please list all child development classes that you have completed or enrolled in:

Class Name	Institution/Organization	Date Completed
_____	_____	_____
_____	_____	_____

**Foreign Languages**

_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

**Credentials/Certifications**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Computer Programs, Applications and Software**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

### AN EQUAL OPPORTUNITY EMPLOYER

Youth Alliance is an equal employment opportunity employer that does not discriminate against any individual on the basis of any protected category, including individuals protected by the Americans with Disabilities Act and the California Fair Employment and Housing Act. If you believe that because of a disability you will need an accommodation in completing this or any other form, in taking any employment-related examinations, or with respect to any other aspect of the application process, please make that fact known in a timely manner and we will attempt to provide you with an appropriate and reasonable accommodation.

## EMPLOYMENT APPLICATION

Applicant's Full Name: \_\_\_\_\_

### WORK HISTORY

Begin with your most recent job. List all jobs and any periods of unemployment in the past ten years. Include any military service. Also, list any jobs you held more than ten years ago which relate to the duties or qualifications of the job for which you are applying. Be sure to include the number of hours per week that you worked. You may also list any volunteer experience that relates to the job(s) for which you are applying. You may attach additional pages if necessary.

May we contact your present/previous employers for reference?  Yes  No

Employer: _____	Position: _____	Dates Employed: _____ to _____
Employer Address: _____	City: _____	State: _____ Zip: _____
Supervisor's Name: _____	Supervisor's Title: _____	Telephone: _____
Number of employees supervised (if any): _____	Hours per week: _____	Salary: _____
Job Duties: _____ _____		
Reason for Leaving: _____		

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Employer Address: _____	City: _____	State: _____ Zip: _____
Supervisor's Name: _____	Supervisor's Title: _____	Telephone: _____
Number of employees supervised (if any): _____	Hours per week: _____	Salary: _____
Job Duties: _____ _____		
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Employer Address: _____	City: _____	State: _____ Zip: _____
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Number of employees supervised (if any): _____	Hours per week: _____	Salary: _____
Job Duties: _____ _____		
Reason for Leaving: _____		

### REFERENCES

Name	Title & Agency	Telephone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### ATTESTATION

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation for all statements herein recorded. Further, I understand that any false statements made may be cause for non-employment or for dismissal if employed. I release and hold harmless all persons and organizations providing any information, reference, or data to be utilized by the Youth Alliance to determine my qualifications for employment. I hereby authorize the release of any and all such information, reference and data. A photocopy of this authorization may be considered as an original for this purpose. I agree that if employed, I will abide by all policies and procedures established by the administration. I acknowledge that employment with Youth Alliance does not occur until the Executive Director approves a formal document appointing the job applicant to a position following successful completion of the employment procedures. Until the formal appointment is approved, any offer of employment may be withdrawn.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_