



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address		City/State		Zip Code		Phone Number:	
Email Address:							
Position Desired:		Wage/Salary Desired:		Full Time or Part Time?			
Date you can begin work?		Are you 21 years of age or older?		Do you have <i>any</i> criminal convictions?			
Do you have a valid driver's license? State and driver's license #:				List any moving violations in past three years			
Any offer of employment is conditional upon completing form I-9 and providing the appropriate documents for identity and work authorization. If hired, can you provide evidence of legal eligibility to work in the U.S.?							
Name of high school attended:		City & State		Graduate?	GED?		
Name of college or technical school:		City & State		Graduate?	Degree?	Major:	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work (we are open 24/7) -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Provide Four References Who We May Contact (At least two must not be former employers) -							
Name and Occupation		How do you know them, and for how long?				Phone Number	

Your Employment History

List names of employers with present or last employer listed first.

Please explain any gaps in employment dates.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, DFS Central Registry check, sex offender registry, attorney general check, mental health evaluation, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements. Signature:	Date:
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Youth Emergency Services, Inc. is an equal opportunity employer.