

Today's Date:

Personal Information

Name (Last, First, MI):

Street address:

City, State, Zip:

Home phone number: Work phone number:

Facsimile number: Email Address:

Social security number: Driver's license number/state/expiration
(if job involves any driving)

Position Desired

Program of Interest/Position applied for:

How did you hear about this position?

Dates available to work Desired hours (full time, part time, etc.)

Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate/Professional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any seminars, classes or other education not listed above which may help qualify you for this position

Volunteer Application

Employment History

List below all present and past employers over the past five years, starting with your **most recent** employer. Account for all periods of unemployment.

1.	Employer (current Yes No)	Start Date	End Date	Essential job functions of final position
	Address: <input type="text"/>			
	City, State, Zip: <input type="text"/>	Starting Salary <input type="text"/>	Ending Salary <input type="text"/>	2. <input type="text"/>
	Phone number: <input type="text"/>	Supervisor(s): <input type="text"/>		3. <input type="text"/>
	Fax number: <input type="text"/>	E-mail address of supervisor: <input type="text"/>		4. <input type="text"/>
	Job position(s): <input type="text"/>			

Reason(s) for leaving

What value did you add to this company or its customers?

2.	Employer (current Yes No)	Start Date	End Date	Essential job functions of final position	
	Address:				
	City, State, Zip:	Starting Salary	Ending Salary		1.
	Phone number:				2.
	Fax number:	Supervisor(s):			3.
	Job position(s):	E-mail address of supervisor:			4.
Reason(s) for leaving					
What value did you add to this company or its customers?					

3.	Employer (current Yes No)	Start Date	End Date	Essential job functions of final position	
	Address:				
	City, State, Zip:	Starting Salary	Ending Salary		1.
	Phone number:				2.
	Fax number:	Supervisor(s):			3.
	Job position(s):	E-mail address of supervisor:			4.
Reason(s) for leaving					
What value did you add to this company or its customers?					

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status:

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe previous experience in working with pre-teens and adolescents:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

Additional Information

Have you ever worked or volunteered with this company before? If Yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any friends or relatives working with this company? If Yes, please provide their names and relationship to you:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor? If Yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years, in particularly working with adolescents.

Name		Occupation	
Company name		Address	
Telephone	E-mail	Relationship & years acquainted	
Name		Occupation	
Company name		Address	
Telephone	E-mail	Relationship & years acquainted	
Name		Occupation	
Company name		Address	
Telephone	E-mail	Relationship & years acquainted	

Additional Space

Additional space provided to expand on any points or questions asked previously in this application?

For Personnel Department Use Only

INTERVIEW CHECKLIST

- 1. Application Reviewed On: _____ By: _____
- 2. Denial Letter Sent _____
- 3. Interview Letter Sent _____
- 4. Interview Scheduled For _____

ADDITIONAL NOTES