

COOSA VALLEY YOUTH SERVICES	Asst. Dir. Review _____
	Date _____
Application for Employment (Please Print Clearly)	Exec. Dir. Approve _____
	Date _____

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For	Date Of Application
Full Name	Social Security Number
Address Number Street	City State Zip
Telephone Number(s)	

Current Driver's License Number and State Licensed

Best time to contact you at home is: ____ AM PM Who Referred you? _____

Are you above the minimum working age of 21? ____ Yes ____ No

Have you ever been employed by us before? ____ Yes ____ No
If yes, give date _____

Have you ever filed an application with us before? ____ Yes ____ No
If yes, give date _____

Do any of your friends or relatives work here? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

May we contact your present employer? ____ Yes ____ No

Are you legally permitted to work in this country? ____ Yes ____ No
Proof of citizenship or immigration status will be required.

Have you ever been charged with or convicted of a felony, including felony DUI, or as an accessory to a felony, at any time, in any state? ____ Yes ____ No

If yes, please give date of charge or conviction and explain:

(Charge or Conviction will not necessarily disqualify an applicant from employment.)

Date available for work ____/____/____/ What is your desired salary range? _____

Are you available to work: ____ Full-Time (please indicate 1st, 2nd, 3rd shift(s))

____ Part- Time (please indicate Mornings, Afternoons, Evenings)

EMPLOYMENT HISTORY (List previous employers, beginning with the most recent.)

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage_____ Ending Wage_____ FT_____ PT_____ Temp_____

Reason for Leaving _____ May we Contact? __Y__ N

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage_____ Ending Wage_____ FT_____ PT_____ Temp_____

Reason for Leaving _____ May we Contact? __Y__ N

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage_____ Ending Wage_____ FT_____ PT_____ Temp_____

Reason for Leaving _____ May we Contact? __Y__ N

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage _____ Ending Wage _____ FT _____ PT _____ Temp _____

Reason for Leaving _____ May we Contact? __Y__ N

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage _____ Ending Wage _____ FT _____ PT _____ Temp _____

Reason for Leaving _____ May we Contact? __Y__ N

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage _____ Ending Wage _____ FT _____ PT _____ Temp _____

Reason for Leaving _____ May we Contact? __Y__ N

Employer _____ Dates Employed _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Duties _____

Starting Wage _____ Ending Wage _____ FT _____ PT _____ Temp _____

Reason for Leaving _____ May we Contact? __Y__ N

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

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, certifications, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Please list three Personal References below

NAME	ADDRESS	PHONE

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that information given in my application is true and complete. I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that if I am employed, false or misleading information given in my application or interview(s) shall be sufficient cause for dismissal, and I may be discharged.

I understand that I am to abide by all rules and regulations of the employer.

I understand that if I am employed by Coosa Valley Youth Services, Inc., I will be an AT-WILL employee, and as such will be subject to dismissal or discipline without notice or cause, at the discretion of Coosa Valley Youth Services, Inc. I understand that no representative of this agency, other than the Executive Director, has the authority to change the terms of the AT-WILL policy and that any such change can only occur in a written employment contract.

I understand that if offered a position in a "safety sensitive" job at this agency, I will have to pass a drug screen.

Applicant Name Printed _____

Applicant Signature _____ Date _____

This application will be maintained on file for at least 90 days.

FOR PERSONNEL DEPARTMENT USE ONLY

Approved by Assistant Director for Program Manager Use (AD Initials) _____ Yes _____ No

Arrange Interview _____ Yes _____ No Interviewer _____ Date _____

Remarks _____

Approved for Employment by Executive Director (ED Initials) _____ Yes _____ No

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Department _____