

PARTNERSHIP FOR CHILDREN AND YOUTH APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. Those applicants requiring accommodation to complete the application and/or interview process should contact the human resources representative.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number		Alternate Phone Number	Email

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Supervisor's Email Address	
Dates Employed (Month/Year)		Main Phone Number	
From	To		
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Supervisor's email address	
Dates Employed (Month/Year)		Main Phone Number	
From	To		
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Supervisor's email address	
Dates Employed (Month/Year)		Main Phone Number	
From	To		
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Supervisor's email address	
Dates Employed (Month/Year)		Main Phone Number	
From	To		
Job Title and Duties		Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain

Please explain any gaps in your employment history:

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

GENERAL INFORMATION

- 1. Have you ever used another name?..... Yes No
- 2. On what date are you available to begin work? _____
- 3. Are you available to work? Full-time Part-time Shift Work Temporary
- 4. Minimum annual salary required:.....
- 5. Can you travel if the position requires it?..... Yes No
- 6. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
- 7. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize Partnership for Children and Youth to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with Partnership for Children and Youth, I understand that I am required to comply with all rules and regulations of Partnership for Children and Youth.

_____ If hired, I understand and agree that my employment with Partnership for Children and Youth is at-will, and that neither I, nor Partnership for Children and Youth is required to continue the employment relationship for any specific term. I further understand that Partnership for Children and Youth or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____ **Name (print):** _____ **Date:** _____