

EMPLOYMENT APPLICATION

Friend of a Friend Youth and Family Services is an equal opportunity employer and does not discriminate on the basis of race, sex, age, religion, marital status, national origin, sexual preferences or disability.

Personal Information:

Name:	
Address:	
City:	State/Zip:
Home Phone:	Other Phone:

Are you twenty-one (21) or older? ☐ Yes ☐ No

Education:

SCHOOL LEVEL	Name of School	Years Attended	Graduate	Major area Of Study	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/ Business			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Availability:

When are you available to work? *(Check all that apply)*

Full Time _____ Part Time _____
Evenings _____ Weekends _____
Days _____ Holidays _____

Do you have a valid driver's license? _____ List number and expiration date:

Do you currently have unrestricted use of an insured vehicle with at least liability coverage? _____ (please attach copy of insurance and submit with application)

Have you had any accidents in the last three years? _____

Moving violations? _____ Explain: _____

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Work Experience:

List below the last three employers, starting with the most recent.

Name of Present or Last Employer:			
Address:		City:	State: Zip:
Starting Date:	Ending Date:	Job Title:	
Starting Salary:	Final Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title:	Phone:
Description of Work:			
Reason for Leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip:
Starting Date:	Ending Date:	Job Title:	
Starting Salary:	Final Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title:	Phone:
Description of Work:			
Reason for Leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip:
Starting Date:	Ending Date:	Job Title:	
Starting Salary:	Final Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title:	Phone:

Description of Work:
Reason for Leaving:

I give permission to Friend of a Friend Youth and Family Services to contact any or all of the former employers listed above to verify the information provided.

Applicant's Signature

Date

Additional Information

Are you currently on probation or parole? _____

Are there currently any criminal charges pending against you? _____

Do you have a previous criminal record? ☐ Yes ☐ No

If yes, please explain (will not necessarily exclude you from consideration):

Applicants please note that a conviction is an adjudication of guilt, including a determination before a district justice or a criminal court, resulting in a legal penalty such as a fine, a sentence, or probation. Omit any offense committed before your 18th birthday unless it was not adjudicated in a juvenile court or under a youthful offender law. Conviction(s) of a criminal offense is not a bar to employment in all cases. Each case is considered on its own merits and in relation to applicable state law, performance standards established by contracting authorities, and agency policies.

Do you authorize Friend of a Friend Youth & Family Services to obtain criminal background checks on you at the time of your employment application and /or in the future? _____

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Personal References:

Below, give the names of three individuals you are not related to, whom you have known at least one year.

#1	
Name:	Years Known:
Address:	
Business:	Phone:

#2	
Name:	Years Known:
Address:	
Business:	Phone:

#3	
Name:	Years Known:
Address:	
Business:	Phone:

Please write about your hobbies, interests, special skills, life experiences, volunteer experiences and career goals that you feel are assets in working with young people and their families.

I attest that the information contained in this application is correct to the best of my knowledge and understand the falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I authorize Friend of a Friend Youth and Family Services to contact persons or organizations referenced in this application for the purpose of providing any and all information concerning my previous employment, education or any other information they might have personal or otherwise regarding my suitability for employment. I release all such parties from all liability for any damages that may result from furnishing such information.

In consideration for my employment and my being considered for employment by Friend of a Friend

Youth and Family Services, I agree to conform to these rules and regulations of the corporation and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to at any time at the corporation's sole option and without any notice to me.

I further acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Friend of a Friend Youth and Family Services or self.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

Interviewed by:	Date:
Comments	
References Checked by:	Date:
Comments:	
Diploma Examined by:	Date:
Insurance Examined by:	Date:
Criminal Background Results	Date:
CPR/PMAB	Date: