



Employee Application

Please Print

Date of application: _____ DOB: _____

Name: _____
First Name Last Name M.I.

Address: _____
Street City State Zip

Mobile Phone #: _____ E-Mail: _____

Employment Experience

Start with your present or last job

Employer: _____ Date Employed: From _____ To _____

Address: _____

Supervisor Name: _____ Email: _____

Phone: _____ Okay to Contact? ☐ Yes ☐ No

Job Position/Work Performed:

Employer: _____ Date Employed: From _____ To _____

Address: _____

Supervisor Name: _____ Email: _____

Phone: _____ Okay to Contact? ☐ Yes ☐ No

Job Position/Work Performed:

Employer: _____ Date Employed: From _____ To _____

Address: _____

Supervisor Name: _____ Email: _____

Phone: _____ Okay to Contact? ☐ Yes ☐ No

Job Position/Work Performed:

Educational Background

Name of School	Year Graduated	Course of Study/Degree
High School:		
College:		
Other:		

References

List name and telephone number (required) of three references, minimum of two professional references. The third reference may be professional or personal, but not related to applicant.

First, Last Name	Indicate Professional or Personal	Company Name	Email	Telephone	# of years known

Felony Conviction Record

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please provide date(s) and details: _____

Answering "yes" to this question does not automatically disqualify your application for employment.

Positions working with youth require fingerprinting:

Are you willing to be fingerprinted? ☐ Yes ☐ No

Positions transporting youth require a records request from the Motor Vehicle Department:

Are you willing to submit these records? ☐ Yes ☐ No

Applicant's Statement

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from liability or responsibility all persons and corporations requesting or supplying information.

I hereby submit to fingerprinting if required as a condition of employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in termination. While representing Homeless Youth Connection (HYC), I further agree to submit to search of my person, possessions, or of any work area that may be assigned to me, and hereby waive all claims for damages on account of such examination.

Signature _____

Date _____