

**Youth Health Service, Inc. Application for Employment**

**971 Harrison Avenue , Elkins WV 26241 Ph: 304-636-9450 Fax: 304-636-2282**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. **Please answer only the questions asked on this application. Do not make any notes or comments on the application. Doing so will void the application.**

Position applied for:		Date of application:
Last name	First name	Middle name
Address	City	State/Zip
Telephone	Social Security #	

Are you currently employed?	[ ] Yes	[ ] No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration will be required upon employment.)	[ ] Yes	[ ] No
Have you ever been convicted of a felony?	[ ] Yes	[ ] No

On what date would you be available for work? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your most recent job. Include any **job-related** military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Use an additional sheet if necessary.

Employer	Dates Employed		Duties
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	May we contact? [ ] Yes [ ] No		
Reason for Leaving			

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Reason for Leaving			

**PERSONAL REFERENCES**

	Reference #1	Reference #2	Reference #3
Name			
Address			
City/State/Zip			
Daytime Phone			
Relationship to Applicant			

**EDUCATION**

**HIGH SCHOOL/GED**

Name of School

Address

Diploma, GED or Neither

**UNDERGRADUATE COLLEGE**

Name of School

Address

Major/Minor Course of Study

Degree

**GRADUATE COLLEGE**

Name of School

Address

Major/Minor Course of Study

Degree

**Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Will you need any accommodation to perform the job you have applied for? A description of the activities involved in such a job or occupation is attached.  Yes  No

If yes, what accommodations? \_\_\_\_\_

**APPLICANT'S STATEMENT (Please read carefully)**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this date should inquire as to whether or not applications are being accepted at that time. **I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. This application is not a contract of employment.** In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_