

Directions for Youth & Families, Inc.

Employment Application

It is the policy of Directions for Youth & Families, Inc. to provide a harassment-free and equal employment opportunity work environment for all applicants and employees. Directions for Youth & Families is committed to complying with all applicable federal, state, and local regulations which provide protection from discrimination for various groups of applicants and employees.

Directions for Youth & Families maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct and attendance. Additionally, Directions for Youth & Families reserves the right to investigate any suspected unethical or illegal activities and any violation of the policies including, but not limited to, misappropriation of funds, falsification of records, the use, sale or possession of alcohol or drugs with working or working under the influence of drugs or alcohol, unexcused absences, and the like. Violations of the policies will result in disciplinary actions by Directions for Youth & Families, which could include termination and prosecution. THE EMPLOYMENT RELATIONSHIP AT DIRECTIONS FOR YOUTH & FAMILIES IS AT WILL, AND EMPLOYMENT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AT THE OPTION OF EITHER DIRECTIONS FOR YOUTH & FAMILIES, OR THE EMPLOYEE. Questions about these policies may be addressed to the CEO of Directions for Youth & Families. Please answer all questions completely and accurately. Incomplete applications may be rejected.

Name (Last, First, Middle)		Home/Business Phone	Current Date
Present Address (Street, City, State, Zip Code)			
If you have lived at the above address for less than six months, list your previous address			
Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your residency in the U.S. based on a student visa? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)			
Will you require employer sponsorship in order to remain eligible for work in the United States? (Applicants must be presently authorized to work in the United States on a full-time basis.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Have you ever worked under a different last name than currently used? If yes, provide name:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for employment at Directions for Youth & Families? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?
Have you ever been employed by Directions for Youth & Families? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give dates of employment	Position(s) Held?
Are you related to anyone at Directions for Youth & Families? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name	Relationship to you
How were you referred to Directions for Youth & Families?			
Have you ever been convicted of a criminal offense, or participated in a pre-trial deferral or diversion program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Falsification, misrepresentation and/or omission of criminal conviction are grounds for refusal to hire, or if hired, for dismissal. (Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.) If answer is yes, indicate date(s) of conviction and the type(s) of offense(s); include those matters for which you may have plead guilty, no contest, or participated in a pre-trial diversion program.			
Should you have a criminal conviction or a pending charge, Directions for Youth & Families may be required to suspend or terminate your employment. Additionally, Directions for Youth & Families requires background investigations regarding criminal records of our employees. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment. Omission of information deemed material by Directions for Youth & Families will be considered a willful misstatement and may be grounds for immediate termination of the application process, or of employment by Directions for Youth & Families.			

Position Applied For	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Limited Term – Less than 1,000 hours		
Salary Requirements (please specify)	Available Employment Date	How many hours per week do you prefer?	
Would you be willing to work additional hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any limitations on your working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain		
Are you aware of any circumstances, legal or otherwise, excluding medical conditions, which may limit the length of your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			

High School Name	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (Street, City, State, Zip Code)	Course of Study		
Name of College Attended	Dates Attended to	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	
Name of College Attended	Dates Attended to	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	
Name of College Attended	Date Attended to	Overall GPA	Major GPA
Address (Street, City, State, Zip Code)	Name of Degree	Date Degree Obtained	

Extracurricular activities: (You may exclude any organization in which the name of character of the organization indicates the race, color, religion, national origin, sex, veteran status, ancestry, age, disability, marital status, or any other classification protected by federal, state or local law.)

Honors and achievements:

Courses taken that may be applicable to the position for which you are applying:

Additional interests, skills, or qualifications, that you possess that you feel qualify you for the position for which you are applying:

Check all Applicable Skills	Number of Year Used	Check all Applicable Skills	Number of Years Used
<input type="checkbox"/> Typing WPM		<input type="checkbox"/> 10 – Key Calculator KSPH	
<input type="checkbox"/> Cashier/Money Handling		<input type="checkbox"/> Telemarketing/Sales	
<input type="checkbox"/> Machine Equipment Operator Types:		<input type="checkbox"/> Data Entry Operator	
<input type="checkbox"/> PC Software <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Database <input type="checkbox"/> Graphics		<input type="checkbox"/> Customer Service Rep. <input type="checkbox"/> Direct <input type="checkbox"/> Phone	
<input type="checkbox"/> Supervisor # of people		<input type="checkbox"/> Manager # of people	

Please list all jobs held within the last ten (10) years, beginning with your present or most recent job. Include all self-employment, voluntary work, job-related military work experience, summer and part-time jobs. PLEASE ADD AN ADDITIONAL SHEET IF NECESSARY.

Employer	Type of Business	Telephone #
Address (Street, City, State, Zip Code)		Dates Employed from _____ to _____
Salary Beginning _____ Ending _____	Title of Position Held <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp.	Supervisor's Name
Description of work		
Reason for Leaving		
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Type of Business	Telephone #
Address (Street, City, State, Zip Code)		Dates Employed from _____ to _____
Salary Beginning _____ Ending _____	Title of Position Held <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	Supervisor's Name
Description of work		
Reason for leaving		
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		
Were you involuntarily terminated for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Type of Business	Telephone #
Address (Street, City, State, Zip Code)		Dates Employed from _____ to _____
Salary Beginning _____ Ending _____	Title of Position Held <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	Supervisor's Name
Description of work		
Reason for leaving		
If this employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)		
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been suspended or placed on probation for attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain		
Do you have any part-time or full-time jobs that you would expect to continue during your employment here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State of issuance: _____ Driver's License #: _____		

CERTIFICATION

Please read carefully. If you have any questions regarding these statements, please discuss them with the HR Manager before initialing each paragraph and signing at the bottom of the page.

_____ "In the event of my employment, I agree to conform to the policies and any rules and regulations of Directions for Youth & Families, and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Directions for Youth & Families at any time, at Directions for Youth & Families sole option and without prior notice to me. I understand that this application and any other Directions for Youth & Families document are not contracts for employment, and that my employment will be employment at will and can be terminated at any time, with or without cause or notice, at the option of either Directions for Youth & Families or myself. If hired, I understand that no modification or alteration of my employment at will status shall be valid or binding, unless it is expressly set forth in a written document by the CEO."

_____ "I understand that Directions for Youth & Families may require me to undergo a drug test by medical staff and/or agent selected by Directions for Youth & Families as a condition of my employment and/or continued employment. I consent to the release of my drug test results to Directions for Youth & Families. I further understand that I must successfully pass the drug test to be considered for employment with Directions for Youth & Families. I understand that medical examinations which are job-related and consistent with Directions for Youth & Families business necessity may be representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination."

_____ "I understand that Directions for Youth & Families requires me to undergo fingerprinting in order to verify any criminal conviction I may have or any pre-trial deferral or diversion programs I may have participated in".

_____ "I understand that Directions for Youth & Families maintains a non-smoking environment".

_____ "I understand that this application will remain open, for the JOB FOR WHICH I HAVE APPLIED, for a thirty (30) day period."

_____ "I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent on completing all aspects of the pre-employment and reference checking processes."

Applicant's Signature

Date

VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

We are an Equal Opportunity employer and do not discriminate on the basis of race, color, religion, sex, age national origin, disability, veteran status, or any other classification protected by Federal, State, or Local law. The information below will be used in compilation of the data for Affirmative Action reporting.

Completion of the data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

Please complete in full:

Date: _____ Position Applied For: _____

Name: _____ Social Security #: _____

Sex: (circle one) Male Female

Date of Birth: _____

Applicant's Zip Code: _____

Ethnic Group

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino (all races) |
| <input type="checkbox"/> Race missing or unknown – applies to applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant. | |

Veteran status

(Please check one if it describes your Veteran status (post hire only).

- Special Disabled Veteran
- Vietnam Era Veteran

*Veteran status may be requested only after post-offer is made

Personal and Confidential

This page contains sensitive information, store in secure “Affirmative Action Forms” file, separate from personnel records.