



# Employment Application

## Personal Information

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employment Desired

1. Position Applying for: \_\_\_\_\_
2. Date you can begin: \_\_\_\_\_
3. Are you currently employed?    Yes    No
4. Hours / Days available for work: \_\_\_\_\_
5. Do you have a Valid AZ Drivers License    Yes    No

There are certain driving record limitations for our liability insurance. Please list any tickets, accidents, or convictions that would be listed on your driving record for the past 3 years.

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6. At the time of employment, can you submit verification of your legal right to live in the United States?  
Yes    No
  7. Are you at least age eighteen?    Yes    No
  8. Have you ever been convicted of a crime (misdemeanor or felony), including sex related or child abuse related offenses?    Yes    No
  9. Have you ever been convicted of a felony?    Yes    No  
Explain if yes: \_\_\_\_\_
  10. What languages other than English do you speak fluently? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Graduate?    Yes    No  
College: \_\_\_\_\_ Location: \_\_\_\_\_ Graduate?    Yes    No  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_  
College: \_\_\_\_\_ Location: \_\_\_\_\_ Graduate?    Yes    No  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_

1. Do you have current:

CPR      First Aid      CPI      Fingerprint Clearance Card      Reliable Transportation  
Auto Insurance      Cellular Phone

2. Please list any other Special skills/certifications you possess etc.):

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3. We serve children and families all over Maricopa County. Which areas are you willing to work in?

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4. How did you hear about the position?

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## Employment History

Must list at least the prior 5 years of employment. List current or most recent job first. Attach additional sheet if necessary.

Current Employer: \_\_\_\_\_ Last Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Last Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Last Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Dates of Employment:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

I authorize Youth and Families First to contact past and present employers to verify employment history and qualifications.

Yes      No      After Offer is Made

## References

List 3 individuals [not related to you] who are familiar with your work or skills.

Name	Name of Company	Address	Phone	Years

I certify that the above information made in this application and attachments are true and understand that any deliberate misstatements or omissions of material fact will cause me to forfeit all eligibility to any employment with Youth and Families First. I understand that Youth and Families First may verify all information I have provided, including educational and employment records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth and Families First is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, national origin, age, sexual orientation, handicap or any other non-job reason.**

**All employment offers are contingent upon successful completion of background check.**