



**YOUTH BRIDGE, INC.
APPLICATION FOR EMPLOYMENT
(Must be at least 21 years of age)**

Last Name	First	Middle Initial	Date
Street Address (P.O. Box)			Home Telephone ()
City,	State	Zip	Work/Cell Telephone ()
Have you ever applied for employment with us?		Yes _____ No _____	Social Security #
Month/Year		Location	
Position Desired:			Pay Expected:
Are you available for full time work? Yes _____ No _____			Can you work non Traditional hours?
If no, what hours can you work?			
Are you legally eligible for employment in the United States?			When can you begin work?
Are you a veteran of the U.S. Military Service?			Branch
Do you have any friends or relatives working here? If so, list name(s)			
Are you willing to sign a Release for Criminal Record Check?			Yes _____ No _____
Are you will to sign a Release for SCAN Central Registry Check?			Yes _____ No _____
Can you travel if the job requires it?			
Do you speak/read/write a foreign language(s)?			Language(s):
List any other special training or skills:			
How did you hear about us? <input type="checkbox"/> website <input type="checkbox"/> friend <input type="checkbox"/> walk-in <input type="checkbox"/> newspaper (which one) _____ <input type="checkbox"/> other _____			

Give name, address, relationship & phone number of three **work** related references

1. _____
2. _____
3. _____

EDUCATION

Type of School	Name & Address
High School	Diploma or GED?

Type of School	Name & Address	Year Graduated
Graduate School		
College		
Business/Trade/Technical		
Degree Major Study	Do you have a professional license?	License held:

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job.
Include military assignments and volunteer activities.

Employer	Dates of Employment: From _____ To _____
Address	Job Title
Phone Number	Supervisor
Work Performed	Salary
Employer	Dates of Employment: From _____ To _____
Address	Job Title
Phone Number	Supervisor
Work Performed	Salary
Employer	Dates of Employment: From _____ To _____
Address	Job Title
Phone Number	Supervisor
Work Performed	Salary
Employer	Dates of Employment: From _____ To _____
Address	Job Title
Phone Number	Supervisor
Work Performed	Salary

Summarize special skills and qualifications acquired from employment or other experience.

AGREEMENT

Please also read before signing. If you have any questions regarding this statement, please ask them of any interviewer before signing.

In the event of my employment with this organization, I will comply with all the rules and regulations as set forth in the organization's policy manual or other communications distributed to all staff members. I understand that such employment is conditioned upon a favorable health evaluation, which may include a physical examination, by a doctor selected by the organization and to which I hereby assent. I further agree to complete all necessary forms in the regard. Additionally, I authorize the organization to supply my employment record, in whole or in part, and in confidence to any prospective employer, government agency, or other party, with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that my employment will be at the sole discretion of the organization. If accepted for employment, I agree to have my fingerprints and photograph taken for the purpose of identification and the maintenance of internal security. I understand that past employer/educational institutions and/or the military will be contacted for references. For reference purposes.

You may _____ You may not _____ contact my employer

Applicant's Signature

Date

YOUTH BRIDGE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYEE RESPONSIBILITY TO THE ORGANIZATION

(Please read before signing)

As a condition of my employment, I accept the principle that the welfare of the organization depends upon the conduct and honesty of the members of the staff and upon the trust and confidence of the public. Our clients rightly expect honesty, security and confidentiality in their affairs. I therefore agree to the following:

1. I agree to give no unauthorized information relative to the accounts of the organization or its relation with other, and to discuss not matters of a confidential nature relating to the organization's affairs unless such discussion is in the necessary course of the organization's business and is in accordance with the organization's policy.
2. I also agree to inform the management of the organization, without delay, of any fraud, false entry, substantial error, embezzlement or employee misconduct, which I discover or know to have take place in any records, property or funds of the organization, and to report any transaction or matter that seems damaging to the organization.

I acknowledge and understand that any violation of this Agreement may result in the termination of my employment.

Name

Signature

Date

APPLICANT DATA SHEET

To better evaluate the effects of our selection process, and to enable us to meet government reporting requirements, applicants being tested for positions are requested to complete this information. This data you provide will be used solely for research and statistical purposes. Your voluntary cooperation will be appreciated.

PLEASE PRINT

RACE/ETHNIC DATA

Please check one only. Do not insert additional groups.

_____ White: (Not Hispanic origin) persons having origins in Europe, North Africa, or the Middle East

_____ Black: Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad, or the West Indies

_____ Asian/Pacific Islander: Persons having origins in the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including, for example: China, Japan, Korea and Samoa.

_____ Native American: American Indians, also Eskimos and Aleuts

_____ Hispanic: Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish cultures.

SEX

_____ Male _____ Female

Applicant Signature

Date