

OFFICE USE ONLY(DO NOT WRITE IN THIS AREA)

INTERVIEW DATE: ____/____/____

INTERVIEWER: _____

HIRE Y N HIRE DATE: ____/____/____

COMMENTS: _____

Mentoring Youth Services

2700 1ST AVENUE
COLUMBUS, GA 31904
(706)984-0161 OFFICE (706)405-2493 FAX
MENTORINGYOUTH@YMAIL.COM

EMPLOYMENT APPLICATION

DESIRED POSITION(S): _____	MINIMUM SALARY REQUIRED: _____
DESIRED SHIFT (CHECK AVAILABLE SHIFT(S)) ____ FULL TIME ____ PART TIME ____ PRN ____ DAY SHIFT (7:00AM-3:00PM) ____ ____ EVENING (3:00PM-11:00PM) ____ NIGHT (11:00PM-7:00AM) ____ WEEKEND (SAT./SUN.) 7AM-7PM	REFERRAL SOURCE: _____

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER: ____ - ____ - ____ DATE OF BIRTH: ____/____/____		
PLACE OF BIRTH: _____ RACE: _____ EYE COLOR: _____ HAIR COLOR: _____		
HEIGHT: _____ WEIGHT: _____ COUNTRY OF CITIZENSHIP: _____		
STREET ADDRESS: _____		
CITY: _____ STATE: _____ ZIP CODE: _____		
HOME TELEPHONE: _____ CELLULAR: _____		
Do you have a valid Driver's License? Y N		Driver's License Number/State: _____
Has your Driver's License ever been suspended or revoked? If yes, please explain: _____ _____		
VEHICLE OPERATION EXPERIENCE: ____ PASSENGER ____ VAN (15 PASSENGER)		
HAVE YOU EVER BEEN CONVICTED OF OR PLED NO CONTEST TO A MISDEMEANOR OR FELONY? Y N IF YES, PLEASE EXPLAIN: _____ _____		

EMPLOYMENT HISTORY
(DO NOT WRITE "SEE RESUME")

LIST YOUR FULL EMPLOYMENT HISTORY BEGINNING WITH THE MOST RECENT EMPLOYER.

Have you ever been dismissed from any employment/position? Y N If yes, please explain: _____ _____	
COMPANY NAME:	TELEPHONE:
STREET ADDRESS:	
CITY: STATE: ZIP:	
JOB TITLE:	EMPLOYMENT DATES FROM: TO:
SUPERVISOR NAME:	TELEPHONE NUMBER:
Did you receive any disciplinary action? Y N If yes, explain: _____ _____	Did you voluntarily resign? Y N Reason for Departing: _____ _____
COMPANY NAME:	TELEPHONE:
STREET ADDRESS:	
CITY: STATE: ZIP:	
JOB TITLE:	EMPLOYMENT DATES FROM: TO:
SUPERVISOR NAME:	TELEPHONE NUMBER:
Did you receive any disciplinary action? Y N If yes, explain: _____ _____	Did you voluntarily resign? Y N Reason for Departing: _____ _____
COMPANY NAME:	TELEPHONE:
STREET ADDRESS:	
CITY: STATE: ZIP:	
JOB TITLE:	EMPLOYMENT DATES FROM: TO:
SUPERVISOR NAME:	TELEPHONE NUMBER:
Did you receive any disciplinary action? Y N If yes, explain: _____ _____	Did you voluntarily resign? Y N Reason for Departing: _____ _____

EDUCATION

SCHOOL	NAME/LOCATION	COURSE OF STUDY	YEAR GRADUATED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TRADE SCHOOL				
COLLEGE/UNIVERSITY				
GRADUATE SCHOOL				

QUALIFICATIONS: (List skills and certifications that would qualify you for this position)

NEGLECT STATEMENT

I _____, have never been shown by credible evidence (court or jury, department investigation or other reliable evidence) to have abused, neglected, sexually exploited or deprived a child or adult or subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

APPLICANT SIGNATURE

DATE

EEO STATEMENT

Mentoring Youth Services, LLC is an Equal Opportunity Employer. We are, therefore, committed to a policy of equal employment opportunity. This policy reflects the organization’s belief that providing equal opportunities for all employees is both a moral responsibility and good management practice. We do not discriminate on the basis of race, color, creed, national origin, age, disability, sex or any other characteristic protected by federal, state, or local law.

DECLARATION AND AGREEMENT

INITIALING EACH STATEMENT VERIFIES AGREEMENT AND UNDERSTANDING OF EACH STATEMENT.

- A. I understand that this application is only valid for the position applied for at present and Mentoring Youth Services, LLC is not obligated to retain or consider this application for future openings. _____

- B. If I am offered employment, I understand and agree that I must complete a Criminal Records Check through COGENT SYSTEMS. The Department of Human Services (DHR) makes the fitness determination on whether I am permitted to work with children in care. I must receive a satisfactory determination before having any contact with children in care. I am responsible for the processing fee of fifty-two dollars and ninety cents (\$52.90) _____

- C. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts will result in immediate termination from employment or removal of my application from consideration. _____

- D. I authorize Mentoring Youth Services, LLC to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability. _____

- E. If employed by Mentoring Youth Services, LLC I will abide by policies, procedures and rules.

- F. I understand that I will be required to possess a current and valid driver's license and Motor Vehicle Report (MVR) if my position requires me to drive during the course of my work. _____

- G. If I am offered employment, I understand and agree that I will be required to undergo a physical examination at my own expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

- H. I agree to submit to legally permissible drug and/or alcohol testing upon request by Mentoring Youth Services, LLC management. I recognize that the results of tests may be used to determine my employment or continued employment. _____

- I. I understand and expressly agree that if employed by Mentoring Youth Services, LLC I am subject to inspection of personal belongings including but not limited to purses, jump drives, laptops and desks. Personal items are open to investigation by Mentoring Youth Services, LLC without prior notice to me.

- J. If I am employed by Mentoring Youth Services, LLC I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Mentoring Youth Services, LLC management. _____

- K. I agree to submit a two (2) week notice should I decide to resign from my position with Mentoring Youth Services, LLC if applicable. _____

- L. I further expressly agree that, employment with Mentoring Youth Services, LLC is "at will" under "at will" employment my employment can and may be terminated by management with or without cause at any time for any reason or for no reason at all. _____

My signature below certifies I have read and understand the information in this application. I verify all attachments (resumes/certifications) are true and correct. Again, I understand that any misrepresentation or omission will be grounds for discharge from employment whenever discovered.

Furthermore, my signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between myself and Mentoring Youth Services, LLC concerning the nature of my employment.

I also understand that neither this Employment Application nor any other personnel forms constitute an employment contract.

APPLICANT SIGNATURE

DATE