|  |  |
| --- | --- |
| C:\Users\Stacy\Pictures\YCC LOGO 2013.jpg | **1656 East 12th Street**  **Casper WY 82601**  **307-577-5718** |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  |  | Social Security No: |  |  |

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you available to work full time? | YES | NO | Are you available to work part time? | YES | NO |
|  |  |  |  |  |  |
| Are you available to work overtime? | YES | NO |  |  |  |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have any physical conditions which may limit your ability to perform the functions of this job for which you are applying? | | | YES | NO |  |
| If yes, explain: |  | | |  |  |
|  |  | | |  |  |
|  |  |  | | | |
|  | | |  |  |  |
| Have you ever been convicted of a felony? | | | YES | NO | Disclosure of this information does not necessarily prohibit you from employment. |

|  |  |
| --- | --- |
| If yes, explain: |  |
|  |  |
|  |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |

## Previous Employment (Past Three Employers)

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | |  | | To: |  | | Reason for Leaving: | | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | | NO |  | | |
|  | | | | | | | |  | |  |  | | |
| Company: |  | | | | | | | | | | Phone: |  | |
| Address: |  | | | | | | | | | | Supervisor: |  | |
| Job Title: |  | | | | | Starting Salary: | | | $ | | Ending Salary: | | $ |
| Responsibilities: | | |  | | | | | | | | | | |
| From: | |  | | To: |  | | Reason for Leaving: | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: | | |  |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  |
|  | | | | |  |  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |
|  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I also understand neither this application nor any subsequent commitment of employment, nor any policy or procedure adopted by the Youth Crisis Center, Inc. constitutes a contract of employment between myself and the Youth Crisis Center, Inc. If a contract is to exist, it shall be in writing and executed by an officer of the Youth Crisis Center, Inc. specifically authorized to enter into the contract and myself. I understand that all other employment with the Youth Crisis Center, Inc. is AT WILL EMPLOYMENT ONLY.

I understand this application for employment is valid for no more than one hundred twenty (120) days. After that, I must resubmit my application in order to be considered for employment at the Youth Crisis Center, Inc.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Authorization for Release of Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | |  | |  | Date: |  |
|  | Last | | First | | M.I. |  |  |
|  |  | |  | |  |  |  |
| Social Security No: | |  | |

I, the undersigned, am an applicant for a position with the Youth Crisis Center, Inc. By this authorization for release of information, (release), I am authorizing the Youth Crisis Center, Inc., to conduct an investigation into my background and personal fitness to serve in this capacity.

I hereby direct and authorize you, your organization, its custodian of records, and/or persons in your company to release any and all information concerning me, including any and all information which may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information, employment documents, employment performance or disciplinary information or date, character reference information, educational records and transcripts, credit and financial information, local criminal history information, and/or any other information which you may possess.

In consideration of the release of the above described information, I hereby exonerate, release, discharge, and agree to hold harmless you, your organization, its officers, agents, employees and successors or assigns thereof from any and all liability, damages, or attorney fees, whether at law or in equity, now or in the future, for furnishings or disclosing of any of the above information or documents pursuant to this release to the Youth Crisis Center, Inc.

By this release, I am specifically and permanently waiving any right that I may have to review or inspect any and all information or documents that you may disclose pursuant to this release.

This release expires sixty (60) days following the date of its execution.

Date this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name