

Mendocino County Youth Project / Mendocino Family & Youth Services

Application for Employment

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants may obtain a copy of our EEO Policy on request.

Position Applied For <i>(complete a separate application for each position)</i> :			Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk- In <input type="checkbox"/> Other:				
Last Name		First Name		Middle Name
Address: P.O. Box	Street Address	City	State	Zip Code
Telephone Numbers <i>(include area codes)</i>			Email Address	

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes No
 Have you ever been employed with us before? Yes No
 If yes, give dates of employment: _____

Are you currently employed? Yes No
 Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Per Hour Volunteer
 Are you currently on "lay-off" status and subject to recall? Yes No
 Do you have a valid Class C Driver's License? Yes No License #: _____ Exp. Date: ___/___/___
 If required to drive as part of your job, can you show proof of current automobile liability insurance
 (must have \$100,000/\$300,000 minimum coverage as condition of employment): Yes No

Due to the nature of our agency, all employees are subject to a state and federal background check.
Conviction will not necessarily disqualify an applicant from employment.
 Yes, I understand this requirement

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes No
 (Note to Applicants. DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.)

EDUCATION

Specify Level (e.g., High School, College, Graduate School, etc.)	Name and Location of School	Course Of Study	Years Completed	Diploma/ Degree

Other special training, skills, languages, or memberships in professional or civic organizations, which relate to the position for which you are applying (attach pages if needed):

WORK EXPERIENCE

Please give an accurate, complete history of your experience, including full-time and part-time employment and volunteer positions, starting with your present or most recent position. List different positions with the same employer separately.

NAME OF EMPLOYER: _____

Phone Number: _____ Employed From (m/yy): _____ to _____

Address: _____

Supervisor(s): _____

Check One: Full Time Part Time Hours Worked Per Week: _____

Check If This Was A Volunteer Position

Job Title: _____

Brief Description of Duties Performed: _____

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Phone Number: _____ Employed From (m/yy): _____ to _____

Address: _____

Supervisor(s): _____

Check One: Full Time Part Time Hours Worked Per Week: _____

Check If This Was A Volunteer Position

Job Title: _____

Brief Description of Duties Performed: _____

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Phone Number: _____ Employed From (m/yy): _____ to _____

Address: _____

Supervisor(s): _____

Check One: Full Time Part Time Hours Worked Per Week: _____

Check If This Was A Volunteer Position

Job Title: _____

Brief Description of Duties Performed: _____

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Phone Number: _____

Employed From (m/yy): _____ to _____

Address: _____

Supervisor(s): _____

Check One: Full Time

Part Time

Hours Worked Per Week: _____

Check If This Was A Volunteer Position

Job Title: _____

Brief Description of Duties Performed:

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Phone Number: _____

Employed From (m/yy): _____ to _____

Address: _____

Supervisor(s): _____

Check One: Full Time

Part Time

Hours Worked Per Week: _____

Check If This Was A Volunteer Position

Job Title: _____

Brief Description of Duties Performed:

Reason for Leaving: _____

(FOR ADDITIONAL WORK EXPERIENCE, ATTACH ADDITIONAL PAGES)

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experience.

REFERENCES

Below, please complete the names, titles, and current addresses and phone numbers of the work supervisors you have listed in the Work Experience section of this application and, if you choose, three additional work or education related references.

WORK SUPERVISORS' CURRENT ADDRESSES AND PHONE NUMBERS		
Name/Title	Current Email Address	Current Phone

OTHER WORK OR EDUCATION RELATED REFERENCES		
Name/Title	Current Email Address	Current Phone

VERIFICATION OF QUALIFICATIONS

Please attach proof of the education, degrees, professional licensure, intern registration, and specialized training you have listed on your application if required or preferred for the position for which you are applying.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

Signature: _____

I hereby authorize the Mendocino County Youth Project/ Mendocino Family & Youth Services (hereafter referred to as MCYP/MFYS) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the work supervisors and references I have listed to disclose to MCYP/MFYS any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release MCYP/MFYS, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Signature: _____

May we contact your present employer? Yes No

_____ Signature of Applicant	_____ Date
_____ Print Name	