

YOUTH SERVICES OF BRYAN COUNTY, INC.
Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.		Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date You Can Start				Days & Hours Available To Work			Desired Salary			
Position Applying For							<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No Preference			
Are you at least 21 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for YSBC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Are you related to an employee of YSBC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please list name & program:							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain:							

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Post Grad				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES: PLEASE LIST THREE REFERENCES NOT RELATED TO YOU

Full Name				Phone						
Relationship				Years Acquainted						
Address										
Full Name				Phone						
Relationship				Years Acquainted						
Address										
Full Name				Phone						
Relationship				Years Acquainted						

Address	
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PREVIOUS EMPLOYMENT

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 <input type="checkbox"/>	NO <input type="checkbox"/>				
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 <input type="checkbox"/>	NO <input type="checkbox"/>				
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 <input type="checkbox"/>	NO <input type="checkbox"/>				

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and authorize investigation of all statements contained herein.

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

Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages/salary, be terminated at any time without prior notice.

Signature				Date	
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