



YOUTH CARE

Employment Application

2500 NE 54th Street, #100 ♦ Seattle, WA 98115

Phone: (206) 694 - 4500

Fax: (206) 694 - 4509

www.youthcare.org

TTD: (206) 587-5500 or (800) 833-6388

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT: YouthCare is committed to the principles of equal opportunity and is committed to make employment decisions based on merit. We are committed to complying with Federal, State, and local laws providing for equal employment opportunities, as well as laws related to terms and conditions of employment. YouthCare desires to maintain a work environment that is free from harassment and discrimination due to race, religion, color, national origin, sex, sexual orientation, gender expression and identity, physical or mental disability, marital status, age, or any other status protected by Federal, State, or local laws.

Directions: Please print or type in blue or black ink. Fill out the form completely.

Date: _____

PERSONAL INFORMATION	
NAME: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First Middle Init. Last </div>	SOCIAL SECURITY: _____ - ____ - ____
ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> Street/Apt # </div>	HOME PHONE: _____
_____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> City State Zip </div>	CELL PHONE: _____
E-MAIL: _____	WORK PHONE: _____

GENERAL INFORMATION	
POSITION APPLYING FOR: _____	PROGRAM: _____
ARE YOU SEEKING? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON-CALL <input type="checkbox"/> VOLUNTEER	SHIFT: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE
DATE AVAILABLE TO START: _____	ARE YOU ABLE TO WORK HOLIDAYS, WEEKENDS, EVENINGS, AND/OR OVERTIME IF NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SALARY DESIRED: \$ _____	IF NECESSARY, ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU HEAR ABOUT THIS POSITION?	<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> INTERNET <input type="checkbox"/> YOUTHCARE WEBSITE <input type="checkbox"/> SCHOOL <input type="checkbox"/> REFERRAL
NAME OF SOURCE/REFERRAL: _____	<input type="checkbox"/> OTHER: _____
HAVE YOU PREVIOUSLY BEEN EMPLOYED WITH YOUTHCARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <small>If Yes, Please Provide Dates of Employment and position</small>
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH YOUTHCARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ <small>If Yes, Please provide name(s) and relationship to you</small>
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PLEASE DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____ _____	

BACKGROUND INFORMATION

ARE YOU AT LEAST 18 YEARS OR OLDER? YES NO

IF UNDER THE AGE OF 18, ARE YOU ABLE TO PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

IF HIRED, CAN YOU PROVIDE EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO

HAVE YOU EVER BEEN CONVICTED, PLEADED GUILTY, OR NO CONTEST TO, BEEN IMPRISONED, ON PROBATION OR PAROLE FOR ANY FELONY OR MISDEMEANOR IN THE LAST 7 YEARS? YES NO

IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE:

EDUCATION, TRAINING, & CERTIFICATION

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE/CERTIFICATE	DID YOU GRADUATE?
HIGH SCHOOL/GED					
COLLEGE/UNIVERSITY					
GRADUATE					
VOCATIONAL/TRADE					
OTHER					

Do You Have A Current:

WASHINGTON FOOD HANDLER'S PERMIT? YES NO
(Required of all staff persons preparing full meals per WAC 388-150-250, et al)

TUBERCULAR TEST RESULTS? YES NO
(Required of all staff persons having regular contact with children per WAC 388-150-220, et al)

MULTIMEDIA STANDARD FIRST AID CARD? YES NO

CARDIOPULMONARY RESUSCITATION (CPR) CARD? YES NO
(At least one person with aid/CPR is required to be present per WAC 388-150-220, et al)

WASHINGTON STATE DRIVER'S LICENSE? YES NO
(Any staff driving a child must have a valid driver's license pr WAC 388-150-220, et al)

PLEASE LIST ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR:

LIST ANY PROFESSIONAL, TRADE, BUSINESS, CIVIC ACTIVITIES, AND OFFICES HELD. (Please exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability, or any other protected class.)

REASON FOR LEAVING: _____

REFERENCES

PLEASE LIST 3 PROFESSIONAL REFERENCES. TWO OF THE REFERENCES MUST BE EITHER PREVIOUS OR CURRENT SUPERVISORS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR AND WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE.

NAME (FIRST & LAST)	OCCUPATION/TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	YEARS KNOWN

PLEASE READ CAREFULLY

Complete and Accurate Information Statement

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances 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 this 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.

Reference Check Disclosure

I hereby authorize YouthCare to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. Furthermore, I authorize the references I have listed to disclose to YouthCare any and all letters, reports, and other information related to my work records without giving me prior notice or such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in a way related to such investigation or disclosure.

Background Check Disclosure

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by YouthCare. I am entitled to copies of any such public records obtained by YouthCare unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

At-Will Employment Statement

I understand and agree that if I am employed with YouthCare, my employment will be "at-will" which means that either YouthCare or I may terminate the employment relationship at any time, with or without cause or notice. Likewise, YouthCare will respect my right to terminate my employment at any time, with or without notice and/or cause. I further understand that any prior representation contrary to the foregoing is binding on the company unless it is made in writing and is signed by myself and the company's designated representative.

Employment Obligation Statement

I understand and agree that YouthCare's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that YouthCare is under no obligation to hire me as a result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND DISCLOSURES.

Signature

Date

Print Name

**THANK YOU FOR COMPLETING THIS APPLICATION.
WE APPRECIATE YOUR INTEREST IN EMPLOYMENT OPPORTUNITIES WITH YOUTHCARE.**

