Application for Employ	ment	Date of Application	on:	/	/		
All applicants must submit a	completed Applica	tion for Employ	ment ANL) a currer	nt Resume.		
Position and Availability Information							
Position Applying For:							
I am seeking a permanent position: I am seeking temporary work until (No 🗌				
I will be able to report to work, if hired, on the following date: / /							
Personal Information							
First Name:	Middle Initial:	Last Na	me:				
Social Security Number:							
Mailing Address:							
Physical Address:							
Home Number:			Email:				
NPI Number (write N/A if you don't l	have one):						
State licensing regulations require the				s of age.	_		
Are you at least 21 years old?		YES		NO			
State licensing regulations prohibit convicted of a crime involving moral Have you ever been convicted of a m	turpitude, violence of	r bodily harm to o		beings.	een		
If yes, please explain:							
Any person who has been convicted years <i>and whose job requires transp</i> hiring employees with a past drug/a determined by the YAS Executive Di	porting clients will not alcohol conviction his	be employed by YA	AS. All othe	er situation	ns related to		
Have you ever been convicted of driv	ving under the influer	ice of alcohol?	YES	NO			
If yes, provide date of conviction:							
Emergency Contact Informa	ıtion						
In case of accident or illness please	contact:						
First Name:	I	ast Name:					
elationship: Telephone:							

Education Information						
High School:						
Mailing Address:		10	1.1	10	0.1.1.5.	
Last Year Completed:	9	10	11	12	Graduation Date:	
College/University:						
Mailing Address:						
Last Year Completed:		14	15	16	Degree Attained:	
Employment Infor	mation					
List the last 7 years of employment beginning with the most recent (please use additional sheets if necessary). Any absence longer than 2 months must be explained.						
Employer Name:						
Employer Address inclu	uding City,	State, 2	Zip:			
Dates of Employment	From:				To:	
Supervisor's Name:	Supervisor's Telephone:					
Job Title:	Rate of Pay:					
Brief Description of Du	ties:					
Reason for Leaving:						
D 1 N						
					To:	
	Supervisor's Telephone:					
					Rate of Pay:	
Brief Description of Du	ties:					
Reason for Leaving:						

Youth Advocates of Sitka, Inc.

Employer Name:	
	To:
	Supervisor's Telephone:
Job Title:	
Brief Description of Duties:	
Reason for Leaving:	
Employer Name:	
- •	
	To
	To:
	Supervisor's Telephone: Rate of Pay:
	
Bilei Bescription of Buties.	
Reason for Leaving	
Reason for Leaving:	
Employer Name:	
Employer Address including City, State, Zip:	
Dates of Employment From:	To:
Supervisor's Name:	Supervisor's Telephone:
	Rate of Pay:
Brief Description of Duties:	
Reason for Leaving:	

Experience				
What experience do you have working with at-risk youth ages 5 to 19?				
References				
Please list 3 references not related to you who have kn	lowledge of your work experience and abilities.			
Name:				
Mailing Address including City, State, Zip:				
	Telephone:			
Name:				
Mailing Address including City, State, Zip:				
	Telephone:			
Name:				
	m 1 1			
Relationship to You:	Telephone:			
In the event of my employment with this organization, I will comply with all of the rules and regulations as set forth in the organization's policy manual or other communications distributed to all staff members. I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest. I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization; I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract for employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the organization. I understand that past employers/educational institutions and/or military will be contacted for references.				
I hereby acknowledge that I have read the above states	ment and understand the same.			
X Signature of Applicant	/			
Signature of Applicant	Date			