

Foundation For Youth
405 Hope Ave
Columbus, IN 47201
812-348-4558 Fax 812-372-3226
www.foundationforyouth.com



Application For Employment

*Equal Opportunity Employer- Discrimination in employment because of race, religion, creed, color, natural origin, ancestry, disability, age, sex, or liability for service in the Armed Forces of the United States is prohibited by Foundation For Youth (FFY) policy. In addition, FFY employment policy requires compliance with national and state employment practices, laws, and regulations. **FFY is an equal opportunity employer.***

Last Name First Name M.I.

Address

City State Zip

Cell Phone Phone

Email Address: _____ Social Security #: _____

Position Applied For: _____ Program: _____

Are you 14 years or older? Yes No

Availability (*circle applicable*): Any Day Any Time M T W Th F Sa Su AM PM

Have you ever worked for Foundation For Youth? Yes No

If yes, Program Worked In: _____ Dates of Employment: _____

Is any member of your family employed by Foundation For Youth? Yes No

If yes, provide Name, Relation, and Program: _____

Have you ever worked or volunteered for a Youth Program: Yes No

If yes, provide Program, location, date: _____

Have you ever been convicted of a criminal offense? Yes No

A conviction will not necessarily disqualify you for employment, rather such factors as age, date of conviction, seriousness, and nature of the crime will be considered.

If yes, provide date(s) and location(s): _____

Can you show proof of eligibility to work in the United States? Yes No

If offered employment with FFY, you will be required by federal law, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents cannot work for FFY.

Education

High School: _____

Address: _____

Currently Attending? Yes or Received: Diploma Certificate of Completion G.E.D.
(circle one)

College, University, Trade or Business School: _____

Address: _____

Major/Minor Course of Study _____ Did you graduate? Yes No

Type of Degree/Certificate received? _____

Experience

Describe your work experience beginning with your current or most recent job. Include volunteer work, if applicable. If needed, attach additional sheets or include a resume.

Resume attached

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? Yes No Later

Wage/Salary: \$ _____ Part Time Full Time

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? Yes No Later

Wage/Salary: \$ _____ Part Time Full Time

Driver's License

Please complete only if applying for a position which requires driving as stated in posted job requirements.

Issuing State: _____ License #: _____

CDL Classification, if applicable: _____

Other Licensure, Registration, Certification *Examples CPR, Lifeguard*

Type of License: _____ Issuing State: _____

License or Certification #: _____

List experience, education, or training you have had which particularly qualifies you for the job for which you are applying? *Computer Skills/Knowledge, Languages, Interaction Skills*

Personal References

Please list three individuals who are not related to you and do not live with you.

Name 1: _____ Relationship: _____

Address/Phone: _____

How Long Have You Known? _____ Email: _____

Name 2: _____ Relationship: _____

Address/Phone: _____

How Long Have You Known? _____ Email: _____

Name 3: _____ Relationship: _____

Address/Phone: _____

How Long Have You Known? _____ Email: _____

Acknowledgement and Authorization:

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

All statements on the application and attachment are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment.

I authorize anyone to whom request is made to supply FFY with any relevant information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to FFY and my prior employers, from any and all liability for damage that may result from their furnishing information concerning me.

I understand that as a condition of any employment, FFY will make inquiry to ascertain information concerning my background.

FFY participates in E-Verify; this employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization.

I understand that my employment, if for a position that involves driving a company vehicle, is contingent upon having a clean driving record for the immediate past three years, and I hereby give my permission to FFY to make investigations related to this contingency.

I understand that if FFY employs me, my employment will be at the will and pleasure of FFY and may be terminated by FFY at any time.

Applicant Signature

Date