



YOUTH RISING APPLICATION FOR EMPLOYMENT

WEBSITE: WWW.YOUTHRISING.COM

EMAIL: HR@YOUTHRISING.COM

Youth Rising is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information. Incomplete applications will not be considered.

INTRODUCTORY INFORMATION

Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Phone _____

APPLICANT QUESTIONS

Type of work desired FT PT Other _____

Salary Desired _____ Date Available _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

How were you referred to Youth Rising? _____

EDUCATION

High School or Last Grade Completed

Name & Address of School _____

Course of Study _____ Number of Years Completed _____

Degree/Diploma & Year _____

College or Technical School

Name & Address of School _____

Course of Study _____ **Number of Years Completed** _____

Degree/Diploma & Year _____

Other Schooling or Training

Name & Address of School _____

Course of Study _____ **Number of Years Completed** _____

Degree/Diploma & Year _____

MILITARY EXPERIENCE

Branch of Service _____

Rank/Type of Service _____

Job-Related Training/Experience _____

YOUTH RISING APPLICATION FOR EMPLOYMENT RECORD OF EMPLOYMENT

List positions starting with most recent

Employer _____

Phone Number _____

Address _____

Position Title _____ **Supervisor** _____

Start Date _____ **Date Left** _____

Beginning Salary _____ **Ending Salary** _____

Duties _____

Reason for Leaving _____

Employer _____

Phone Number _____

Address _____

Position Title _____ **Supervisor** _____

Start Date _____ **Date Left** _____

Beginning Salary _____ **Ending Salary** _____

Duties _____

Reason for Leaving _____

Employer _____

Phone Number _____

Address _____

Position Title _____ **Supervisor** _____

Start Date _____ **Date Left** _____

Beginning Salary _____ **Ending Salary** _____

Duties _____

Reason for Leaving _____

Work Related References (Do not include relatives)

List Name, Occupation, Contact Information

1. _____

2. _____

3. _____

STATEMENT

(Please read this statement carefully before signing this application)

I understand that employment with Youth Rising is at-will, meaning that I or Youth Rising may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Youth Rising to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Youth Rising requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant _____ Date Signed _____