

**Young Scholars Academy**  
**APPLICATION FOR EMPLOYMENT**  
(PLEASE PRINT OR TYPE USING BLACK OR BLUE INK)

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Day of Week

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Day Evening

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

In case of an emergency, who should we notify?

Name \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date Available \_\_\_\_\_

What prompted your application with us? \_\_\_\_\_

**EDUCATION**

Elementary through High School (Circle years completed) Did you graduate or receive GED?  
1 2 3 4 5 6 7 8 9 10 11 12 YES [ ] NO [ ]

Do you have a degree? YES [ ] NO [ ]

Schools Attended

Name	City/State	Grad. (Y/N)	Year	Degree
------	------------	-------------	------	--------

Name	City/State	From/To	Grad (Y/N)	Degree/Major
------	------------	---------	------------	--------------

Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended? \_\_\_\_\_

Please list any courses/training, volunteer work, hobbies, or interests that would relate to the position for which you are applying? (Give dates, locations, and the name of the organization or agency sponsoring the training.)

\_\_\_\_\_

List any professional licenses, certifications, or credentials you hold.

---

**EMPLOYMENT AND EXPERIENCES**

Show all positions held within the last 10 years beginning with current or last employer.  
(IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY, USE EXTRA PAPER.)

Name \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Salary on leaving \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Salary on leaving \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Salary on leaving \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

Please list at least three persons, not related to you, whom you have known at least one year who could attest to your interactions with children.

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

**PHYSICAL RECORD**

How would you describe your general health?

Circle one? Excellent                      Good                      Fair                      Poor

Do you have any defects in hearing? \_\_\_\_\_ Vision? \_\_\_\_\_ Speech ? \_\_\_\_\_

Have you ever been seriously injured? \_\_\_\_\_ If so, how? \_\_\_\_\_

Describe briefly any previously serious illness. \_\_\_\_\_

Are there any physical or personal limitations on the type of work you can do with children at the center or that would affect the amount of time you can spend at work?

Date of your last physical exam \_\_\_\_\_ Would you object to being fingerprinted? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Are you available for any part-time/substitute work - if so, when? \_\_\_\_\_

**GENERAL INFORMATION**

In compliance with state requirements, no person shall be hired or retained as a staff member, paid or volunteer, who has:

- a) been convicted of or admitted to or been the subject of substantial evidence of an act of child battering, child abuse, or child molesting, or
- b) used alcohol or drugs such that it's effects are apparent during work hours that children are in care, or
- c) been convicted for or admitted to any felony or any offense involving moral turpitude.

I am aware that a background check will be performed before I am hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

In the event of my employment with Young Scholars, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two (2) weeks prior to the date it will be effective. I understand that the first three (3) months of my employment are probationary and if my services have not proved satisfactory, my employment may be discontinued on a week's notice without prejudice.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_