

Standard Application

Name: _____

Street address: _____

City: _____ State: ____ Zip: _____

Phone: Home _____ Work _____

How long at current address: _____

Driver License: State Issued: _____ Number: _____

Have you ever previously worked for (insert organization)? Yes No

If yes, please complete the following. Dates: __/__/__ to __/__/__

Position: _____

Please list your addresses in the past five years:

For what position are you applying? _____

What interests you about the position for which you are currently applying?

What has prepared you for the position for which you are currently applying?

Employment History

Dates of Employment (Start with most recent)	Company Name and Address (City, State Zip)	Immediate Supervisor Name and Phone Number	Position Held	Reason for Leaving Position
Started __/__/__ Ended __/__/__				
Started __/__/__ Ended __/__/__				
Started __/__/__ Ended __/__/__				

Educational history

School Name	(City, State Zip)	Type of School	Name of Program or Degree	Program completed?

References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family Member				

Volunteer experience

Please list your volunteer experiences with non-profit organizations (use back if needed.)

Organization	Duties	Dates	Contact Person	Phone Number

Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please initial each of the statements below.

- *I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.*
- *I understand that I can withdraw from the application process at any time.*
- *My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.***

Applicant Signature: _____ **Date:** ____/____/____

Code of Ethics

- Our staff will exhibit the highest ethical standards and personal integrity.
- Our staff will provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.
- Our staff will not physically, sexually, or emotionally abuse or neglect a youth or adult.
- Our staff will share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
- Our staff will report any suspected abuse or neglect of a youth to the state authorities.
- Our staff will accept their personal responsibility to protect youths and adults from all forms of abuse.

Please Print

Date	_____
Name	_____
Position	_____
Signature	_____

I have reviewed this application and have noted any missing information.

Signature of Screening Manager

____/____/____

Date