

Employment Application

It is the policy of SOAR for Youth to provide equal employment opportunities to all applicants and employees without regard to race, color, national origin, religion, sex, gender identity, disability, age, medical condition (cancer-related), ancestry, marital status, sexual orientation, citizenship, or status as a Vietnam-era veteran or special disabled veteran.

1. Applicant Information

Applicant Name _____

Address _____ City/State/ZIP _____

Number of years at this address _____

Daytime phone _____

2. Job position applied for: _____

3. Will you work as a volunteer? ___ Yes ___ No

If no, salary desired: \$ _____ per _____

4. Did someone refer you to our organization? ___ Yes ___ No

If yes, who? _____

5. Are you at least 18 years old? ___ Yes ___ No

6. Are you willing to work any shift, day, evening, night and weekends? ___ Yes ___ No

If no, please state any limitations:

7. If applicable, are you available to work overtime? ___ Yes ___ No

8. If you are offered employment, when would you be available to begin work? _____

9. Are you legally eligible to work in the United States? ___ Yes ___ No

10. Are you able to perform the essential functions of the job position with reasonable accommodation?
___ Yes ___ No

If yes, what reasonable accommodation, if any, would you require?

11. Are you certified in CPR and First-Aid? ___ Yes ___ No

If yes, when will the certification expire? _____

12. Have you worked with at-risk youth previously? ___ Yes ___ No

If yes, category _____ for how long? _____

13. Some positions may require the use of a personal vehicle. Do you have a valid California Driver's License? ___ Yes ___ No

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14. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

15. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? ___ Yes ___ No

If yes, degree received: _____

High School/CED Name and Address

Did you receive a degree? ___ Yes ___ No

If yes, degree received:

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Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

16. References

List three people (one needs to be your direct supervisor) who would be willing to provide a reference for you.

Name: _____

Address: _____ City/State/Zip: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____ City/State/Zip: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____ City/State/Zip: _____

Relationship: _____ Telephone: _____

17. Please provide any other information that you believe should be considered:

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I authorize SOAR for Youth to verify the information provided on this application. I authorize my former employers, educational organizations, and those persons designated as references to fully and freely communicate information regarding my previous employment, education, and ethics.

Applicant Signature _____ Date _____