

# SOAR *for Youth*

Support, Opportunities, and Rapport

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## Independent Contractor 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 (except for transmittable diseases), ancestry, marital status, sexual orientation, citizenship, or status as a Vietnam-era veteran or special disabled veteran.

### 1. Applicant Information

Applicant Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_

2. Job position applied for: \_\_\_ Counselor \_\_\_ Lead Counselor \_\_\_ Overnight Awake Counselor  
\_\_\_ Academic Advocate \_\_\_ Tutor

Salary desired: \$ \_\_\_\_\_ per \_\_\_\_\_

3. Are you at least 18 years old? \_\_\_ Yes \_\_\_ No

If no, do you have a work permit? \_\_\_ Yes \_\_\_ No

4. Are you legally eligible to work in the United States? \_\_\_ Yes \_\_\_ No

5. Are you willing to work any shift, day, evening, night and weekends? \_\_\_ Yes \_\_\_ No

If no, what hours are you willing to work?  
\_\_\_\_\_

6. If applicable, are you available to work overtime? \_\_\_ Yes \_\_\_ No

7. If you are offered employment, when would you be available to begin work? \_\_\_\_\_

8. 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?  
\_\_\_\_\_

9. Are you certified in CPR, AED and First-Aid? \_\_\_ Yes \_\_\_ No

If yes, when will the certification expire? \_\_\_\_\_

10. Have you worked with at-risk youth previously? \_\_\_ Yes \_\_\_ No

If yes, category \_\_\_\_\_ for how long? \_\_\_\_\_

11. 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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12. 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): \_\_\_\_\_

13. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_ Yes \_\_\_ No

If yes, degree received (in what and when): \_\_\_\_\_

High School/CED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_ Yes \_\_\_ No

If yes, degree received (when):

\_\_\_\_\_

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Other Training (graduate, technical, vocational):

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

14. 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: \_\_\_\_\_

15. 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 \_\_\_\_\_