

# YOUTH SERVICES AGENCY OF PENNSYLVANIA

## APPLICATION FOR EMPLOYMENT

**Youth Services Agency of Pennsylvania, (YSA of PA)** is an equal opportunity employer. Employment decisions, including all hiring decisions, are made without regard to race, color, religion/creed, sex, national origin, ancestry, age, pregnancy, non-job-related disability, veteran status, or any other trait protected by applicable federal, state, or local laws.

Please complete the entire application truthfully. Any falsifications or omissions may be grounds for immediate dismissal. If a given question is not applicable to you, you should answer N/A.

**Please print.**

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<b>Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>	
<b>Address Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number(s)</b>			<b>Alternate or Cell</b>	
<b>Position(s) Applied For</b>			<b>Date you can start</b>	

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Are you at least 21 years of age? .....  Yes  No

Have you ever filed an application with us before?.....  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If yes, give date \_\_\_\_\_

Are you currently employed?.....  Yes  No

If no, how long have you been unemployed? \_\_\_\_\_

Are you available to work full time? .....  Yes  No

Are you available to work part time?.....  Yes  No

Are you able to perform all of the essential functions of the job that you have applied for with or without a reasonable accommodation?.....  Yes  No

Have you lived in the state of PA for at least five years? \_\_\_\_\_  
If not then in what state did you live? \_\_\_\_\_

Do you have a valid Drivers license? .....  Yes  No

Have you ever been convicted of, or pled guilty to, any felony, summary or misdemeanor crime?.....  Yes  No

If you answered yes above, please list all crimes which you have been convicted of or pled guilty to and include the date of the offense. Please note that you will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.

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Have you ever been discharged or terminated from a position within the last 10 years? \_\_\_\_\_  
 Yes  No

If you answered yes above, please describe the circumstances involved.

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Please list the skills and/or qualifications which you feel would especially qualify you for the position for which you have applied.

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**EDUCATION**

High School \_\_\_\_\_ Years completed \_\_\_\_\_

University/College/Trade School \_\_\_\_\_ Years completed \_\_\_\_\_

Major/Degree \_\_\_\_\_ Other Education \_\_\_\_\_

Certificates Held \_\_\_\_\_ State (if applicable) \_\_\_\_\_

**CURRENT EMPLOYMENT**

May we contact your present employer? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Employer's name \_\_\_\_\_ immediate supervisor \_\_\_\_\_

Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Description of current position and job duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS** (list your last four employers: do not skip any employers.)

1. _____		
(Date/month/year)	Name and Address:	Name of Supervisor:
From:		
To:		Salary/Wage:
		\$ _____

Description of Job:	Reason for Leaving:
_____	_____

2. _____		
(Date/month/year)	Name and Address:	Name of Supervisor:
From:		
To:		Salary/Wage:
		\$ _____

Description of Job:	Reason for Leaving:
_____	_____

3. \_\_\_\_\_  
(Date/month/year)                      Name and Address:                      Name of Supervisor:  
From: \_\_\_\_\_  
To: \_\_\_\_\_                      Salary/Wage:  
\$ \_\_\_\_\_  
Description of Job:                      Reason for Leaving:  
\_\_\_\_\_

4. \_\_\_\_\_  
(Date/month/year)                      Name and Address:                      Name of Supervisor:  
From: \_\_\_\_\_  
To: \_\_\_\_\_                      Salary/Wage:  
\$ \_\_\_\_\_  
Description of Job:                      Reason for Leaving:  
\_\_\_\_\_

**REFERENCES** (Two must be a former employer)

1. Name of Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

2. Name of Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

3. Name of Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**APPLICANT'S AUTHORIZATION AND CERTIFICATION  
PLEASE READ CAREFULLY**

**I understand that providing false information on an application for employment is grounds for the Agency to refuse to hire me, or to terminate my employment in the event that the misrepresentation is discovered after I have been hired.**

In submitting this application for employment, I authorize the Agency to investigate all Statements contained in it, and I understand that my current and/or former employers may be contacted to provide information concerning my suitability for employment, and that

The references that I have listed above will be contacted concerning my suitability for employment. I expressly authorize the Agency to conduct such inquiries and I release the Agency and any responding parties from any and all liability associated with such inquiries.

I understand that in the event that I am hired, I will be hired as an "at-will" employee, and my employment may be terminated at any time, without cause, at the option of either the Agency or myself.

**I certify that I have read this entire employment application, including all information that I have provided on the application, and the entire statement set forth immediately above. I further certify that all of the information that I have provided on this employment application is true and correct.**

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Signature

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Date