



# ST JOSEPH YOUTH ALLIANCE EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apt/Unit #
City		State	Zip
Home Phone:	Cell Phone:		
Email Address		Desired Salary	
Position Applying for:		Date Available:	
Are you authorized to work in the U.S.?	Yes	No	
Have you ever worked for this company?	Yes	No	If yes, when?
Have you ever been convicted of a felony?	Yes	No	If yes, explain:

## EDUCATION

High School		City and State	
From	To	Did you graduate?	Yes      No
College		City and State	
From	To	Did you graduate?	Yes      No
Degree			
Graduate School		City and State	
From	To	Did you graduate?	Yes      No
Degree			
Trade School		City and State	
From	To	Did you graduate?	Yes      No
Degree			

## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Duties			
From	To	Reason for Leaving	
May we contact this employer?		Yes	No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Duties			
From	To	Reason for Leaving	
May we contact this employer?		Yes	No
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Duties			
From	To	Reason for Leaving	
May we contact this employer?		Yes	No
Were you employed by the State of Missouri?		Yes	No
If applicable, did you leave in good standing with the State of Missouri?		Yes	No
REFERENCES <i>Please list three professional references</i>			
Name		Title	
Company		Phone	
Email address			
Name		Title	
Company		Phone	
Email address			
Name		Title	
Company		Phone	
Email address			
Please review your application for accuracy, then read and sign the following page.			

**Equal Opportunity Employer**

## St. Joseph Youth Alliance

### Employment Application Disclaimer and Release of Information Authorization

I certify that all statements given on this application and all other information provided are true and accurate, and I understand that falsification, omission, or misrepresentation in this or any other personnel record can result in my termination, if hired. I authorize verification of all statements contained in this application. I authorize St. Joseph Youth Alliance to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I also authorize St. Joseph Youth Alliance to conduct any and all such background investigations as it deems necessary, including but not limited to, an investigation of police records, driving records and a protective services background check. By completing and signing this form, I authorize, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by St. Joseph Youth Alliance to furnish any or all of the above listed information. My signature below releases St. Joseph Youth Alliance from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to St. Joseph Youth Alliance the above mentioned information as requested.

I authorize my employer, or potential employer, to investigate, obtain, compile, examine, copy, or receive any records pertaining to my employment history; to obtain a copy of my college transcript(s); and understand completely and without reservation allow my employer to release and/or discuss any information about my employment history or college transcript(s) with authorized personnel of the Department of Social Services. I further authorize the Department of Social Services to share any personnel information that the Department of Social Services may have about me with my employer or prospective employer as the Department determines necessary to make personnel decisions regarding my suitability to provide services with my employer. By authorization of the above, the applicant agrees to hold harmless any individual, partnership, corporation, educational institution, or agency, The Department of Social Services, the Missouri Children's Division, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information.

The application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief, that the applicant is aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, the application will be rejected or if selected, the applicant may be dismissed by the employer.

I also understand that (1) the St. Joseph Youth Alliance has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I agree that if I am offered employment by St. Joseph Youth Alliance and accept, my employment will be employment "at will" and that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either St. Joseph Youth Alliance or me. I understand that neither this application nor any other personnel form will constitute a contract for employment, and that the Company may change the conditions of employment, including but not limited to compensation and benefits, at any time. If hired, I agree, as a condition of employment, to keep confidential and not disclose to anyone any information acquired during employment which is of a confidential, proprietary, or privileged nature.

I understand that St. Joseph Youth Alliance is an Equal Opportunity Employer and does not discriminate in employment. It is understood that no question on this employment application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Your signature authorizes a photocopy or fax copy of this authorization to be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_



St. Joseph Youth Alliance 5223  
Mitchell Avenue St. Joseph, MO  
64507 (816) 232-0050  
[www.youth-alliance.org](http://www.youth-alliance.org)

## St. Joseph Youth Alliance Voluntary Demographic Information on Applicants

*St. Joseph Youth Alliance is an equal opportunity employer/program. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. As a recipient of federal funding certain laws and regulations regarding equal opportunity require us to compile, maintain and report certain demographic information on employees, applicants for employment, and participants. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EO Self-Identification Form.*

*The information on this form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information in this form will be processed and maintained separately from your employment application forms, your personnel file and your board membership form. The information provided here will not affect your status in being considered for employment/involvement with St. Joseph Youth Alliance.*

Date: \_\_\_\_\_

Position Applied For/Current Position: \_\_\_\_\_

How did you learn about this position? (Check One):

- Agency Internet Site
- Private Employment Web Site
- Other Internet Site
- Job Fair
- Newspaper or magazine
  
- Agency or other Federal Government
- School or College
- Friend or relative
- Private Employment Office
- Federal, State, or Local Job Information Center
  
- Other

Please indicate the following:

Gender:       Male       Female

Age:       16-24  
 25-29  
 30-39  
 40-49  
 50-59  
 60+

Ethnic Origin:       Hispanic or Latino       Not Hispanic or Latino

Race (Check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Are you an individual with a disability?       Yes       No

I do not wish to provide some or all of this information.