

EDUCATION:

Please indicate education or training which you believe qualifies you for the position you are seeking.

HIGH SCHOOL:

Name of school: _____ City/State: _____
Number of years Completed (circle one) 1 2 3 4
Diploma: _____ Yes _____ No G.E.D.: _____ Yes _____ No

COLLEGE and/or VOCATIONAL SCHOOL:

Name of School: _____ City/State: _____
Number of Years Completed: (circle one) 1 2 3 4
Major: _____ Degree(s) Earned: _____

Name of School: _____ City/State: _____
Number of Years Completed: (circle one) 1 2 3 4
Major: _____ Degree(s) Earned: _____

OTHER TRAINING OR DEGREES:

Name of school: _____ City/State: _____
Course(s): _____
Degree(s) or Certificates Earned: _____

Name of School: _____ City/State: _____
Course(s): _____
Degree(s) or Certificate(s) Earned: _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License/Certification Held: _____
License Number: _____ License Expiration Date: _____
State(s) which license is/are held: _____

Type of License/Certification Held: _____
License Number: _____ License Expiration Date: _____
State(s) which license/certification is/are held: _____

Other Professional Memberships:

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? _____ Yes _____ No
If any employment was under a different name, please indicate that name: _____

1.) Employer: _____
Address: _____

Telephone Number: _____ D.O.E.: From: _____ To _____
Mo./Yr. Mo./Yr.
Position Held: _____ Department: _____
Salary: Beginning: _____ Ending: _____
Duties: _____

Reason for Leaving: _____

2.) Employer: _____
Address: _____

Telephone Number: _____ D.O.E.: From: _____ To _____
Mo./Yr. Mo./Yr.
Position Held: _____ Department: _____
Salary: Beginning: _____ Ending: _____
Duties: _____

Reason for Leaving: _____

3.) Employer: _____
Address: _____

Telephone Number: _____ D.O.E.: From: _____ To _____
Mo./Yr. Mo./Yr.
Position Held: _____ Department: _____
Salary: Beginning: _____ Ending: _____
Duties: _____

Reason for Leaving: _____

Please explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? _____ Yes _____ No
If yes, please explain in full: _____

Are you able to perform all activities and essential functions of the position for which you are applying with or without accommodation? _____ Yes _____ No

REFERENCES/AUTHORIZATION RELEASE

- 1.) Name: _____
Address: _____

Phone Number: _____ Alternative Contact #: _____
Position: _____

- 2.) Name: _____
Address: _____

Phone Number: _____ Alternative Contact #: _____
Position: _____

- 3.) Name: _____
Address: _____

Phone Number: _____ Alternative Contact #: _____
Position: _____

CERTIFICATION AND AGREEMENT STATEMENT:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize COMPASS Youth Collaborative, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release COMPASS Youth Collaborative and the professional references stated above by name from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date

APPLICANT DATA RECORD: VOLUNTARY INFORMATION

COMPASS Youth Collaborative, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority.

In extending this invitation you are also advised that:

- (a) Applicants are under no obligation to respond, but may do so in the future if they choose;
- (b) Responses will remain confidential within the Human resources Department;
- (c) Responses will be used only for the necessary information to include in our Affirmative Action Program.

We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Thank you for your cooperation.

AFFIRMATIVE ACTION SURVEY

Name: _____ Date: _____

Position Applied For: _____

SECTION 2: Please check all that apply.

RACE OR ETHNIC IDENTITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> White (not Hispanic or Latino)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Female
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian or Alaskan Native	Check if any of the following are applicable:
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Vietnam Era Veteran
	<input type="checkbox"/> Disabled Veteran
	<input type="checkbox"/> Person with Disability