Youthscape

Job Application Form

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.
You will need to download and/or print this document and submit it either online or in person. A cover letter is not required but may assist us in evaluating your potential.

Personal Information

Full Name: Date:

_____

Preferred Name (Optional):   Pronouns (Optional):

_____

Full Address:

_____

_____

E-mail: Phone Number:

_____

Social Security Number:

_____

Date Available (Starting Date):   Desired Pay:

_____

Position Applied For (Choose One Area: Yard Services, Home Services; and One Position: Team Member, Team Lead, Intern, Etc):

_____

Desired Employment Status (Part-time, Full-time, Seasonal):

_____

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Employment Eligibility

Are you legally eligible to work in the U.S.?   Yes_____   No_____

Can you travel if required by this position?   Yes_____   No_____

Have you ever worked at this employer?   Yes_____   No_____
If "yes", write the start and end dates: _____

Have you ever been convicted of a felony?   Yes_____   No_____
If "yes", please explain: _____

_____

Are you willing to submit your information for a background check? Yes_____ No_____
If "no" please explain: _____

How were you referred to us?   _____

Education
Discloser: Education level is **not a barrier** to access employment at Youthscape.

Do you have a GED (General Education Diploma)? Yes_____   No_____

Do you have a high-school diploma?   Yes_____   No_____

Do you have a higher-education degree? (Bachelors, Masters, or Other) Yes_____ No_____
If "yes", what was your degree?   _____

Do you hold any contracting or landscaping certifications? Yes_____   No_____
If "yes", please explain   _____

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Previous Employment & References

Please provide all employment information for your past three employers (if applicable) starting with the most recent.

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and Title: _____

Dates Employed - from: _____ to: _____

Job Summary: _____

_____

Reason For Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and Title: _____

Dates Employed - from: _____ to: _____

Job Summary: _____

_____

Reason For Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and Title: _____

Dates Employed - from: _____ to: _____

Job Summary: _____

_____

Reason For Leaving: _____

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References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

_____

_____

_____

Disclaimers and Final Consent

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____