



THE CENTER FOR YOUTH
 905 Monroe Avenue Rochester, NY 14620
 Phone: (585) 473-2464 Fax: (585) 271-8134
 www.centerforyouth.net

Equal Opportunity Policy

The Center for Youth is committed to providing the highest quality of professional services and assuring that all individuals are afforded an equal opportunity to participate in the agency both as volunteers and as employees. The Center for Youth provides equal employment opportunities to all applicants without regard to applicant's actual or perceived race, color, religion, sex, age, disability, religion, creed, citizenship, national origin, ancestry, military status or veteran status, marital status, familial status, gender identity and expression, sexual orientation, status as a victim of domestic violence, stalking or sex offenses, predisposing genetic characteristics, genetic information, relationship or association, and any other status protected by law.

Application for Employment

PERSONAL INFORMATION

TODAY'S DATE: ____/____/____

Last Name		First Name		Middle Name	
Number	Street	Apt #	City	State	Zip
Telephone #		Email address:		OFFICE USE ONLY	
Do you have a valid Driver's License?		YES	NO		
Do you have access to a vehicle available to be used at work?		YES	NO		

EMPLOYMENT DESIRED (please check any that apply)

<input type="checkbox"/>	Administrative	<input type="checkbox"/>	Crisis Nursery – Emergency Childcare
<input type="checkbox"/>	Counseling/Case Management	<input type="checkbox"/>	Runaway / Homeless Youth Services (includes Emergency Shelter, Transitional Living, Street Outreach, Housing)
<input type="checkbox"/>	School-Based Programs/Prevention Education Learn To Earn - Workforce Program	<input type="checkbox"/>	Other (describe):

Are you interested in Full-time? _____ Part-time? _____

What days/times are you available for work? Days: Mon Tue Wed Thu Fri Sat Sun
 Hours: _____ to _____

Pay Range Desired? _____

How did you hear about The Center employment opportunities? _____

Were you referred by a Center employee? _____ If so, who? _____

EDUCATION/TRAINING

Type of School	Name and Location of School	Major/Degree Received	Years Attended	Did you Graduate?
HIGH SCHOOL	City _____ State _____			
COLLEGE	City _____ State _____			
COLLEGE	City _____ State _____			
OTHER	City _____ State _____			

Please list any subjects of special study or research:

Are you fluent in any foreign languages or sign language? _____ If so, please indicate the language(s): _____
 Do you speak/read/write fluently? _____ Please specify: _____

EXPERIENCE List below your past three employers, starting with the most recent one.

Dates	Employer & Supervisor	Position	Reason for Leaving
From: ____ / ____ Mo. Yr. To: ____ / ____ Mo. Yr.			
From: ____ / ____ Mo. Yr. To: ____ / ____ Mo. Yr.			
From: ____ / ____ Mo. Yr. To: ____ / ____ Mo. Yr.			

By signing this application, I certify that the information contained in this application is true and complete. I understand that misrepresentation or omission of facts may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above. Further, I understand that this application is not a contract of employment and that, if I am hired, my employment will be at-will, which means employment is for an indefinite period of time and may be terminated by myself or the Center at any time, with or without cause, and with or without notice.

Signature

Date