

Employment Application

Please complete the entire application. You may attach a resume in addition to the completed application.

Upstate Institute of YOUTH Programs, Inc.

203-C Old Salem Road

Seneca, SC 29678

Phone: (864) 873-9494

Web: www.uiyp.org

Email: uiypupstate@gmail.com

It is the policy of Upstate Institute of YOUTH Programs, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

I. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Daytime phone: _____

Mobile phone: _____

Social Security Number: _____

Driver's License (State Number): _____

II. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime Phone: _____ Evening Phone: _____

III. Job Vacancy

Job Position Applied For: _____

Full or Part Time? _____

Who referred you to our organization? _____

Are you at least 18 years old? Yes _____ No _____

If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes or No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodations? Yes _____ No _____

What reasonable accommodations, if any, would you require? _____

Have you ever been convicted of a felony or misdemeanor? Yes or No

Yes, I was convicted of _____ on _____ (date) in _____ (city), _____ (state)

The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.

Applicant Skills (Please list or describe):

IV: Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed continue on the back page of the application.

EMPLOYER NAME: _____

Supervisor Name/Phone: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment (Month/Year): _____

EMPLOYER NAME: _____

Supervisor Name/Phone: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment (Month/Year): _____

EMPLOYER NAME: _____

Supervisor Name/Phone: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment (Month/Year): _____

EMPLOYER NAME: _____

Supervisor Name/Phone: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment (Month/Year): _____

V. Applicant Education and Training

COLLEGE/UNIVERSITY NAME AND ADDRESS: _____

Did you receive a degree? _____ Yes _____ No If yes, degree (s) received: _____

COLLEGE/UNIVERSITY NAME AND ADDRESS: _____

Did you receive a degree? _____ Yes _____ No If yes, degree (s) received: _____

High School Name and Address: _____

Did you receive a diploma? _____ Yes _____ No

Military Service? _____ Yes _____ No Branch _____

Specialty Training: _____

VI. References (List at least three)

1. Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Relationship: _____

2. Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Relationship: _____

3. Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Relationship: _____

Certification: I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Upstate Institute of YOUTH Programs, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Chairman of the Board, Vice President or Executive Director, the employment relationship will be "at will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of UIYP, except in a specific written contract of employment signed on behalf of the organization by its Chairman of the Board, Vice President or Executive Director has the power to alter or vary the voluntary nature of the employment relationship. **I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

Applicant Signature

Date