

Application For Employment

Beginning Today Youth Services
119 Jackson Street Halifax, VA 24558
(434) 830-2489
btys.halifax1@gmail.com

General Information (Please type or print legibly in dark ink)

Position Applied For	Date
Name	Social Security Number
Address	
Home Phone	Cell Phone
Names Previously Used	Email Address
Driver's License Number	Other Unique Identifiers

Education (List all colleges, universities, and professional/technical schools attended. Start with most recent. If you need additional space, please add a separate sheet of paper.)

Last High School Attended _____
Location _____

Graduated ☐ Yes ☐ No If no, do you have a GED? ☐ Yes ☐ No

Name and Location of Institution	Degree	Major	Date Degree Received (If Applicable)	Hours Completed

Work Experience

(List all positions you have held. Include paid, military, and any relevant volunteer experience. Start with your present position and work backward in chronological order. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment in the space indicated. If you need more space, attach additional sheets in the same format.)

May we contact your present supervisor? ☐ Yes ☐ No

If no, please state reason: _____

Position Title	From:	To:
Employer	Phone	
Address		
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Hours/Week
Duties/Responsibilities		
Reason for Leaving		
Name of Direct Supervisor		
Number of Staff You Supervised		

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Employer	Phone	
Address		
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Hours/Week
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Periods Of Unemployment

FROM	TO	REASON

FOR OFFICE USE ONLY

BEGINNING TODAY YOUTH SERVICES, LLC

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills. If you need additional space, please add a separate sheet of paper.

Do you have a valid Driver's License? ☐ Yes ☐ No
State _____

List all other licenses, certifications, or other authorizations to practice a trade or profession. Please give type, license, number expiration date, and granting licensing board.

References (List names, address, phone numbers and relationship of three professional references not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

Miscellaneous Information

1. What date will you be available to work?

2. Are you willing to accept employment that requires working:
Evenings? ☐ Yes ☐ No
Holidays? ☐ Yes ☐ No
Weekends? ☐ Yes ☐ No
3. Are you willing to accept employment that requires you to travel? ☐ Yes
☐ No
4. Are you legally eligible for employment in the United States? ☐ Yes ☐
No
5. Have you ever been convicted of a crime (whether felony or misdemeanor),
other than minor traffic offenses? ☐ Yes ☐ No
If the answer is yes, list **all** such convictions and explain

Certification

I hereby certify that all entries on this application and any attachments thereto are true and complete, and any alteration made to this application form will be considered as falsification of application. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Beginning Today Youth Services, LLC. I understand that all information on this application is subject to verification and hereby authorize any of my references, present employers, former employers and schools to furnish Beginning Today Youth Services, LLC with any information they may have concerning my service or employment history including without limitations, all the contents of my personnel file. I further understand that an offer of employment from Beginning Today Youth Services, LLC must be in writing to be considered valid. I release Beginning Today Youth Services, LLC and all other providers of information from any liability as a result of furnishing and receiving information.

Signature of Applicant _____

Date _____

Beginning Today Youth Services, LLC

To meet the requirements of federal regulations, we need to collect the following information for record keeping purposes. This information will NOT be used for making employment decisions and NOT be kept with your application for employment. Response is strictly on a voluntary basis. Not responding to this questionnaire will not disqualify you as an applicant.

Check the category below for the racial or ethnic group with which you identify:

- ☐ Hispanic or Latino-Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture
- ☐ White (Not Hispanic or Latino)-origins of original people of Europe, Middle East, or North Africa
- ☐ Black or African American (Not Hispanic or Latino)-origins in any of the black racial groups of Africa
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) origins of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ Asian (Not Hispanic or Latino) origins in Far East, Southeast Asia, or Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)-origins of North and South America (including Central America) and who maintain tribal affiliation or community attachment
- ☐ Two or More Races (Not Hispanic or Latino)-all persons who identify with more than one of the above five races

Check the category that is appropriate for education completed (Check only one):

- ☐ High School Graduate or GED ☐ Master's Degree
- ☐ College Graduate ☐ Graduate Study Beyond Master's Requirements
- ☐ Attended Graduate School (# of Years) ____ ☐ Ph.D. or Professional Degree

Check Appropriate Gender: ☐ Male ☐ Female

Position Applied For _____

Date of Birth