



T A H O E  
**YOUTH & FAMILY**  
 S E R V I C E S  
 A SAFETY NET OF SERVICES FOR YOUTH AND FAMILIES

## Employment Application – Long Form

An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_  
 Date Last Name First Name Middle

Present Address

\_\_\_\_\_  
 No. & Street City State Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
 No. & Street City State Zip

( ) - ( ) -  
 Business Phone Home Phone

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... Yes No

Regular part-time work? ..... Yes No

Temporary work, e.g., summer or holiday work? ..... Yes No

What days and hours are you available for work?

\_\_\_\_\_  
 If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends? ..... Yes No

Would you be available to work overtime, if necessary? ..... Yes No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for Tahoe Youth & Family Services before? Yes No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Tahoe Youth & Family Services? Yes No

If yes, state name(s) and relationship:

\_\_\_\_\_  
 Name Relationship

\_\_\_\_\_  
 Name Relationship

Why are you applying for work at Tahoe Youth & Family Services?

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If hired, would you have a reliable means of transportation to and from work? ..... Yes No  
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of  
minimum legal age.) ..... Yes No  
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live  
and work in this country? ..... Yes No  
Are you able to perform the essential functions of the job for which you are applying, either  
with or without reasonable accommodation? ..... Yes No  
If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed.)..... Yes No  
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? ..... Yes No  
If so, may we contact your current employer? ..... Yes No

**Education, Training, and Experience**

School Name and Address No. of Years Did you Degree or

Completed Graduate? Diploma

**High** \_\_\_\_\_ Yes No \_\_\_\_\_

**School** Name

Address

\_\_\_\_\_  
City State Zip

**College/** \_\_\_\_\_ Yes No \_\_\_\_\_

**University** Name

Address

\_\_\_\_\_  
City State Zip

**Vocational/** \_\_\_\_\_ Yes No \_\_\_\_\_

**Business** Name

Address

\_\_\_\_\_  
City State Zip

**Health Care** \_\_\_\_\_ Yes No \_\_\_\_\_

**Training** Name

\_\_\_\_\_  
Address

\_\_\_\_\_-\_\_\_\_\_  
City State Zip

Option: Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? ..... Yes No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at \_\_\_\_\_? ..... Yes No

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Answer the following questions if you are applying for a professional position:**

Are you licensed/certified for the job applied for? ..... Yes No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient).

Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_-\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ..... Yes No

\_\_\_\_\_  
Name of Employer (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

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\_\_\_\_\_  
Type of Business Your Supervisor's Name

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\_\_\_\_\_  
Address & Street City State Zip

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Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

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\_\_\_\_\_  
Your Position and Duties

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Reason for Leaving  
May we contact this employer for a reference? ..... Yes No

\_\_\_\_\_  
Name of Employer (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

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\_\_\_\_\_  
Type of Business Your Supervisor's Name

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\_\_\_\_\_  
Address & Street City State Zip

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Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

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\_\_\_\_\_  
Your Position and Duties

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Reason for Leaving  
May we contact this employer for a reference? ..... Yes No

\_\_\_\_\_  
Name of Employer (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

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\_\_\_\_\_  
Type of Business Your Supervisor's Name

---

\_\_\_\_\_  
Address & Street City State Zip

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Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

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\_\_\_\_\_  
Your Position and Duties

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Reason for Leaving  
May we contact this employer for a reference? ..... Yes No

\_\_\_\_\_  
Name of Employer (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

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\_\_\_\_\_  
Type of Business Your Supervisor's Name

---

\_\_\_\_\_  
Address & Street City State Zip

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Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? ..... Yes No

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name Last Name ( ) -  
Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
First Name Last Name ( ) -  
Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
First Name Last Name ( ) -  
Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Tahoe Youth & Family Services to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such

disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above.

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Date

Applicant's Signature