

APPLICATION FOR EMPLOYMENT
T.O.D.A.Y.S. Youth Services LLC



T.O.D.A.Y.S. Youth Services LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____

 Last First Middle
Address _____
 Number & Street City State Zip Code

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired _____ Phone Number _____

Social Security Number _____ - _____ - _____ Are you over 18 years old? Yes No

*Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)*

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (circle one) 1 2 3 4

Diploma: Yes No **G.E.D.:** Yes No

Last High School Attended _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degree(s) Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSES OR MEMBERSHIPS:

Type of License(s) Held _____

State of Virginia License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.**

SKILLS:

Office: Typing/Keying _____ wpm. Spreadsheets Email

Word Processing Other _____

Other Relevant Office Skills _____

Have you ever been employed in any position with this company? Yes No

If so, please state location and dates of employment _____

RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, barrier crimes under Commonwealth of Virginia statues, and rehabilitation will be considered).

EMPLOYMENT: *(List last employer first, including U.S. Military Service.)*

May we contact your present employer? Yes No

If any employment was under a different name, indicate name _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

FT PT Number of Hours. _____ Reason for Leaving _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

FT PT Number of Hours. _____ Reason for Leaving _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

FT PT Number of Hours. _____ Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

PROFESSIONAL REFERENCES (job related):

Name _____ **Relationship** _____

Address _____

Phone (____) _____ **Is this work# home # mobile # (circle one)**

Name _____ **Relationship** _____

Address _____

Phone (____) _____ **Is this work# home # mobile # (circle one)**

Name _____ **Relationship** _____

Address _____

Phone (____) _____ **Is this work# home # mobile # (circle one)**

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize T.O.D.A. Y.S. Youth Services to verify their accuracy and to obtain reference information on my work performance. I hereby release T.O.D.A. Y.S. Youth Services from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date: ____ / ____ / ____

Writing Sample

Instructions: Please complete the following writing sample and turn this document in with a completed application.

Please identify the appropriate behavior (B) and interventions (I) in a clinical format. Please identify the client's response (R) and the plan for the next session (P).

The client response can be **fictional** for the purpose of evaluating your clinical writing technique.

Problem/Description:

The client is a 15 year old male living in the Mosby Court area of Richmond Virginia. The client currently attends Martin Luther King Middle School and has failed 6th grade twice. It is reported that the client lives with his mother and two siblings (brother 7, sister 9). According to the client's mother he has displayed aggressive behavior toward siblings and has been recently been suspended from school for fighting. According to the client the fight in school was not his fault and his little brother doesn't respect his personal space.

B _____

I _____

R _____

P _____

Applicant Signature

_____/_____/_____
Date