

Abraham Youth & Family Services
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Richmond, VA 23235

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*Abraham Youth & Family Services is **AN EQUAL OPPORTUNITY EMPLOYER**: It is our policy to provide employment opportunities without regard to race, color, religion, sex national origin, age, disability or veteran status.*

***IMPORTANT NOTE:** Please fill in your responses above or on the lines unless otherwise indicated. All answers must be printed or typed. All answers that are illegible or incomplete may prevent Abraham Youth & Family Services from considering your application. Resumes will not be accepted in lieu of a completed application, but may be included for supplemental information unless otherwise indicated.*

Abraham Youth & Family Services—Application for Employment

PERSONAL DATA

_____/_____/_____

First Name Middle Last Date of Birth Social Security Number

Present Address City State Zip Telephone

Permanent Address City State Zip Telephone

POSITION INFORMATION

Position Applied For: _____

If you are not available for work within the next two weeks, enter the earliest date you could begin work (MM/DD/YY)

Check types of work you will accept:

_____Full-time _____Permanent Part-time _____Temporary Part-time

Were you referred by a current or former Abraham Youth & Family Services employee? If yes, please list their name: _____

EMPLOYMENT ELIGIBILITY

Desired salary range: _____

Are you legally eligible to work in the U.S.A.? _____ Yes _____No

Do you have a valid Work Visa?_____

Visa number and expiration date: _____

Do you have a Valid Driver's License? _____ License Number _____State_____

*If you are hired to work with Abraham Youth & Family Services, you will be required to furnish documentation within **3 working days** that you are a legal resident and are legally entitled to work in the USA.*

Have you ever been convicted of a felony? _____Yes _____No

If Yes, please briefly describe the circumstance of your conviction, indicating the date, nature and place of the offense and the disposition of the case. A felony conviction record alone will not disqualify your application; however this information will be looked upon as one of the factors considered in the employment decision and is evaluated in terms of the nature, severity and date of the offense.

_____

_____

_____

Have you ever been convicted of any violation of the law not already listed on this application? If yes, give full particulars. The existence of a criminal record does not constitute an automatic disqualification from the application process.

EDUCATION

Attended From	To	Graduated Yes	No	Degree, Diploma Cert., ETC. Received	Major/Minor

NAME & ADDRESS OF SCHOOL

LAST HIGH SCHOOL ATTENDED/COMPLETE ADDRESS

COLLEGE OR UNIVERSITY/ COMPLETE ADDRESS

COLLEGE OR UNIVERSITY/ COMPLETE ADDRESS

OTHER (Technical, Vocation, Graduate, etc., complete address)

List any scholarships, academic honors, awards or special achievements:

EMPLOYMENT HISTORY

***IMPORTANT!* STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CHRONOLOGICAL ORDER. INCOMPLETE INFORMATION WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION. IF YOU WERE UNEMPLOYED FOR A PERIOD OF TIME, PLEASE INDICATE THOSE PERIODS IN THE APPROPRIATE CHRONOLOGICAL ORDER. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE IF NECESSARY.**

A. _____

FULL NAME OF COMPANY | TELEPHONE | EMPLOYED FROM-TO

STREET ADDRESS | CITY | STATE | ZIP CODE

NAME & TITLE OF SUPERVISIOR | REASON FOR LEAVING

TITLE OF YOUR POSITION | DEPARTMENT

DUTIES : (IF RESUME IS ATTACHED, DO NOT COMPLETE "DUTIES." INDICATE SEE ATTACHED RESUME)

B. _____

FULL NAME OF COMPANY | TELEPHONE | EMPLOYED FROM-TO

STREET ADDRESS | CITY | STATE | ZIP CODE

NAME & TITLE OF SUPERVISIOR | REASON FOR LEAVING

TITLE OF YOUR POSITION DEPARTMENT

DUTIES : (IF RESUME IS ATTACHED, DO NOT COMPLETE "DUTIES." INDICATE SEE ATTACHED RESUME)

C. _____

FULL NAME OF COMPANY TELEPHONE EMPLOYED FROM-TO

STREET ADDRESS CITY STATE ZIP CODE

NAME & TITLE OF SUPERVISIOR REASON FOR LEAVING

TITLE OF YOUR POSITION DEPARTMENT

DUTIES: (IF RESUME IS ATTACHED, DO NOT COMPLETE "DUTIES." INDICATE SEE ATTACHED RESUME)

D. _____

FULL NAME OF COMPANY TELEPHONE EMPLOYED FROM-TO

STREET ADDRESS CITY STATE ZIP CODE

NAME & TITLE OF SUPERVISIOR REASON FOR LEAVING

TITLE OF YOUR POSITION DEPARTMENT

DUTIES: (IF RESUME IS ATTACHED, DO NOT COMPLETE "DUTIES." INDICATE SEE ATTACHED RESUME)



Have you previously worked for Abraham Youth & Family Services? If yes, please provide your dates of employment and position: _____

PROFESSIONAL REFERENCES

List names, addresses and relationships of 3 professional persons not related to you who know your qualifications.

NAME (PERSON & COMPANY NAMES) ADDRESS PHONE RELATIONSHIP

1._____

2._____

3._____

**** Please note that by providing your references and signing the application, you have given implied consent to contact your references**

SKILLS

List any technical or job-related skills you may have: (I.E., computer skills, knowledge of genograms, etc.)

1._____

2._____

3._____

Licensing: identify each license or certification held, including serial number and expiration date.

_____

_____

_____

CPR/First Aid _____Yes _____No
Medication Administration ____Yes ____No
Restraint Training ____Yes ____No

Current professional status: List fields of work for which you have been registered.

Registration:_____ State:_____ Expiration Date:_____

Registration:_____ State:_____ Expiration Date:_____

Registration:_____ State:_____ Expiration Date:_____



MILITARY SERVICE AND STATUS

Branch of Service: _____ Military Occupation: _____
Length of Active Duty: (Month/Year)_____
Date of Entry: _____/_____ Rank at the time separation_____
Date of Separation: _____/_____

CERTIFICATION

I hereby certify that all entries on the application and any attachments are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery may cause forfeiture on my part to any employment with Abraham Youth & Family Services, I understand that all information on this application is subject to verification and I consent to reference and former employers and educational institutions listed being contacted regarding this application. Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States of America.

APPLICANT SIGNATURE (Unsigned applications will not be processed) *Date*