### Abraham Youth & Family Services Office (804) 675-9204

P.O. Box 35099 FAX (804) 282-0040

Richmond, VA 23235 Email: info@abyouthservices.com

*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

##### EMPLOYMENT ELIGIBILITY

###### Requested salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### 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 Drivers 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 for 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 Graduated? Degree, Diploma Major/Minor

 From To Yes No Cert., ETC. Received

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 SALARY EMPLOYED BEGIN/END FROM-TO

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 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)

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**B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FULL NAME OF COMPANY TELEPHONE SALARY EMPLOYED BEGIN/END FROM-TO

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 TITLE OF YOUR POSITION DEPARTMENT

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**C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FULL NAME OF COMPANY TELEPHONE SALARY EMPLOYED BEGIN/END FROM-TO

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D. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FULL NAME OF COMPANY TELEPHONE SALARY EMPLOYED BEGIN/END FROM-TO

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**REFERENCES**

List name, addresses and relationships of three persons not related to you who know your qualifications.

NAME ADRESS PHONE RELATIONSHIP

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, include 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 SIGNTURE (Unsigned applications will not be processed) Date*