



711 State Ave. NE
 Olympia, WA 98506
 360.943.0780

Applications can be submitted via:
 hr@communityyouthservices.org
 888.698.9568 FAX

JOB APPLICATION

In compliance with federal and state equal opportunity guidelines, qualified applicants are considered for employment without regard to race, creed, color, sexual orientation, national origin, age, marital status, or the presence of a non-job related medical condition or disability.

DIRECTIONS: Print or Type all entries. Answer all questions. Applications will be screened and persons selected for interviews will be notified as soon as possible.

POSITION APPLYING FOR:			
DEPARTMENT/ PROGRAM:		DATE: (mm/dd/yyyy)	
NAME (Last, First)			
ADDRESS:			
EMAIL ADDRESS:			
PRIMARY PHONE (including area code):	SECONDARY PHONE (including area code):		
How did you learn of this opening? Please be specific (e.g. CYS website, Craig's List, CYS employee).			

EDUCATION

NAME OF HIGH SCHOOL ATTENDED		DID YOU GRADUATE?		DO YOU HAVE A GED?	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE/ UNIVERSITY (City, State)	MAJOR	FULL YEARS COMPLETED		DEGREES CONFERRED	
				TITLE	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3		
			<input type="checkbox"/> 4		
		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3		
			<input type="checkbox"/> 4		
		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3		
			<input type="checkbox"/> 4		
LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	CREDIT HOURS	LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS, cont'd		CREDIT HOURS	
LIST ANY VOCATIONAL OR ON-THE-JOB TRAINING YOU HAVE COMPLETED WHICH WOULD BE USEFUL IN THE POSITION YOU ARE APPLYING FOR:	TRAINING COURSES	Dates Attended		Full Months or Years Completed	
		From	To		
LIST ANY SPECIAL LICENSES YOU HOLD WHICH ARE NECESSARY OR USEFUL IN THIS POSITION. GIVE KIND OF LICENSE, ISSUING STATE AND EXPIRATION DATE.					

NAME (Last, First, Middle):		EXACT TITLE OF JOB APPLYING FOR:	
RECORD PREVIOUS EMPLOYMENT BELOW			
Employed by:	Telephone	FROM:	
Address:		(month, year)	
Your Title:		TO:	
Specific Duties:		(month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	
Employed by:	Telephone	FROM:	
Address:		(month, year)	
Your Title:		TO:	
Specific Duties:		(month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	
Employed by:	Telephone	FROM:	
Address:		(month, year)	
Your Title:		TO:	
Specific Duties:		(month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	
Employed by:	Telephone	FROM:	
Address:		(month, year)	
Your Title:		TO:	
Specific Duties:		(month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	

WORK SKILLS

Rate your proficiency level for the following computer software:

MS Word: Beginner Intermediate Advanced

MS Excel: Beginner Intermediate Advanced

MS PowerPoint: Beginner Intermediate Advanced

SharePoint: Beginner Intermediate Advanced

List other skills, operation of special machinery, or abilities (including those gained through hobbies or volunteer work) which you believe relate to the position for which you are applying. (You may omit those that indicate race, religion, ancestry, sex, age, marital status, or the existence of a disability.)

GENERAL

Will you accept part time or temporary employment: Yes No

Can you provide proof of citizenship, visa or alien registration number after employment? Yes No

Note: Proof of identity & legal authority to work in the US is a condition of employment.

A valid driver's license is required only where so stated. If applicable, do you possess or can you obtain a Washington State Driver's license? Yes No

Have you been convicted of a felony that would tend to have a direct bearing on this position? Yes No

NOTE: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job.

If YES, please explain:

CONFLICT OF INTEREST

Applicants meeting any one of the following relationships will not be employed by CYS if they:

1. Have a family member currently on the Board of Directors or in a serious relationship with a current Board member. Family member includes spouse or domestic partner, parent (biological or in-law), or child (biological, through legal custody, stepchild, adopted or in loco parentis),
2. Have a family member currently receiving CYS' services in the program for which you are applying,
3. Are related to the direct supervisor for the position for which you are applying, or
4. Are currently providing independent services to any of CYS' programs.

None of the relationships listed above apply to me.

I agree

I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Community Youth Services is truthful and accurate. I understand that if any information provided by me is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I also understand that if I am hired as an employee of Community Youth Services and at anytime thereafter it is discovered that any information provided by me is found to be false, untruthful or misleading, I will be subject to termination of employment.

Notwithstanding the above, I also understand that if I am offered employment and accept employment at Community Youth Services my employment will be employment "at will", which may be terminated by Community Youth Services or me with or without notice and with or without cause.

Furthermore, I understand that no employee or representative of CYS, other than the Executive Director, has the authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the employment "at will" statement.

My signature below authorizes all previous employers to furnish to Community Youth Services my record, reason for leaving and all information they may have concerning me, and I hereby release them and Community Youth Services from all liability or any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

Signature: _____ Date: _____

Disclaimer: If you are filling this application out electronically, please know that your typed name/ date above will be accepted as your "electronic signature" and is legally binding.

REFERENCES

PLEASE GIVE THREE (3) WORK-RELATED REFERENCES, DIRECT SUPERVISORS ONLY. NO CO-WORKERS.

1. Name: _____
Phone: _____
Email Address: _____
2. Name: _____
Phone: _____
Email Address: _____
3. Name: _____
Phone: _____
Email Address: _____

For positions with a driving requirement, a Washington state driving abstract will be required before an interview will be scheduled.

It can be obtained at: <http://www.dol.wa.gov/driverslicense/requestyourrecord.html>