

4471 Olive Boulevard  
 St. Louis Missouri 63108  
 Phone: 314-531-9916  
 Fax: 1-866/737-4308



**Employment Application**  
 (Please Print Clearly)

For Office Use Only

Date \_\_\_\_\_  
 Reviewed By \_\_\_\_\_  
 Interview Scheduled Y N  
 Interview Date \_\_\_\_\_  
 Accepted \_\_\_\_\_  
 Rejected \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security No \_\_\_\_\_

**Job Interest**

Position Applied For \_\_\_\_\_

Do you have a personal, business or any other relationship with a staff member, board member, vendor or partner who is associated with YLC?  Yes  No If yes, please disclose the name of individual and nature of the relationship.

Available To Start \_\_\_\_\_ Referral Source \_\_\_\_\_

Have you ever been employed by us before:  Yes  No

Are you legally permitted to work in this country:  Yes  No

Are you above the minimum working age of \_\_\_\_\_:  Yes  No

Have you ever been convicted of a felony:  Yes  No

If yes please explain \_\_\_\_\_

A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

Please indicate availability to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

**Education**

Type	Name and Location	Courses Taken	Graduated		
			Yes	No	Enrolled
High School					
University					
Business, Trade, Technical					

**Employment History**  
(List previous employers beginning with most recent)

Company Name \_\_\_\_\_ Business Type \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Title \_\_\_\_\_

Position \_\_\_\_\_  Full Time  Part Time  Temporary

Employment Dates (mm/yy): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact:  Yes  No

---

Company Name \_\_\_\_\_ Business Type \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Title \_\_\_\_\_

Position \_\_\_\_\_  Full Time  Part Time  Temporary

Employment Dates (mm/yy): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact:  Yes  No

---

Company Name \_\_\_\_\_ Business Type \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor Title \_\_\_\_\_

Position \_\_\_\_\_  Full Time  Part Time  Temporary

Employment Dates (mm/yy): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact:  Yes  No

---

By Signing Below, I understand and agree to the following:

- This form is not an expressed or implied contract of employment
- The CFDC reserves the right to request child abuse / neglect screening and / or a criminal background check from the Missouri Department of Social Services, Division of Family Services and that the acceptance of services is contingent upon the receipt, by CFDC, of an acceptable response
- The information I have provided to the CFDC including, but not limited to, the information on my resume is true and to the best of my knowledge. Providing false or misleading information, or failing to provide material information at any time during the employment process may result in the CFDC terminating my employment or withdrawing my application from consideration
- The CFDC may investigate a; statements contained in this form as well as those included, but not limited to, my resume

Your Signature \_\_\_\_\_ Date \_\_\_\_\_