



## Education, Training and Experience

Indicate last level completed:       High School       College or University       Graduate School

Name of High School, Technical School, and College	City, State	Major	Degree

Additional education, vocational, professional, military, subjects of special study or other information you feel may be helpful to us in considering your application:

---

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?    Yes    No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?    Yes    No

If yes, state reason(s), date of revocation or suspension, and date reinstated: \_\_\_\_\_

---

## Business References

List below three persons not related to you who have knowledge of your work performance, within at least the last three years.

Name	Email Address	Phone	Business Relationship

## Employment History

Please list most recent employer first and complete this section even if attaching a resume.

1. \_\_\_\_\_  
Company Name

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we contact employer    Yes    No      \_\_\_\_\_  
Starting Job Title      Final Job Title

Supervisor's Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Dates of employment: From (mm/yyyy) \_\_\_\_\_ To (mm/yyyy) \_\_\_\_\_

2.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address City State Zip

May we contact employer  Yes  No

\_\_\_\_\_  
Starting Job Title Final Job Title

\_\_\_\_\_  
Supervisor's Name and Title Phone Number

\_\_\_\_\_  
Reason for Leaving Dates of employment: From (mm/yyyy) To (mm/yyyy)

3.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address City State Zip

May we contact employer  Yes  No

\_\_\_\_\_  
Starting Job Title Final Job Title

\_\_\_\_\_  
Supervisor's Name and Title Phone Number

\_\_\_\_\_  
Reason for Leaving Dates of employment: From (mm/yyyy) To (mm/yyyy)

**Read Carefully and Sign**

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability of any damage that may result from furnishing same to WYS. In consideration of my employment, I agree to conform to the rules and regulations of Western Youth Services. I further agree there is no agreement express or implied between WYS and me for continuing or long-term employment. Accordingly, either I or WYS may terminate the employment relationship at any time with or without notice, with or without cause. While directors, managers or supervisors (non-clinical) have certain hiring authority, no director, manager, supervisor, or representative of WYS has any authority to alter the at-will relationship.

***Western Youth Services is committed to providing a safe and productive environment for our staff and clients. To achieve that goal, we conduct background checks for all final candidates being considered for employment. Background checks may include, but are not limited to, criminal history and motor vehicle history.***

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: